

COMMERCIAL GENERAL LIABILITY INSURANCE PROPOSAL FORM

Business Liability (BL) Insurance
(Premises-Operations Coverage on an **occurrence basis**)
Inclusion of Products-Completed Operations Limited Form Endorsement
Yes No

Comprehensive General Liability (CGL) Insurance
(Premises-Operations and Products-Completed Operations Coverage on a **claims-made basis**)
Inclusion of Coverage Territory Extension Endorsement
Yes No

THIS PROPOSAL IS TO BE COMPLETED BY PROPOSER OR AN AUTHORISED REPRESENTATIVE OF THE PROPOSER. ALL QUESTIONS SHOULD BE ANSWERED FULLY AND ACCURATELY.

SIGNING OF THIS PROPOSAL DOES NOT BIND THE COMPANY TO OFFER, NOR THE PROPOSER TO ACCEPT, INSURANCE BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF ANY INSURANCE ISSUED. NO INFERENCE SHOULD BE MADE, HOWEVER FROM THE INCLUSION OF ANY QUESTION IN THIS PROPOSAL THAT THE SUBJECT MATTER TO WHICH THAT QUESTION RELATES WILL BE COVERED UNDER THE POLICY. THE POLICY TERMS ARE ONLY AS STATED IN THE POLICY WHICH SHOULD BE READ CAREFULLY.

If there is insufficient space to complete the proposal, please attach additional sheets.

1. Name of Proposer (To be Named Insured if policy is issued)
Name : _____
Address _____
The Proposer is a :
 Individual Joint Venture Partnership
 Organization (Other than Partnership or Joint Venture)

2. Business to be Insured
- 2.1 Location of Premises : _____

- 2.2 Nature of Business :
 Manufacturer Distributor Other

- Years in business : _____

Description of Operation and Products manufactured, processed or sold.

Four horizontal lines for text entry.

Please attach literature, brochures, labels, warnings, etc.

2.3 Size – Last three years :

Table with 4 columns: Year, Payroll, Sales, No. of staff. Rows for years 20__.

3. Limits of Insurance Requested

A. Each Occurrence : _____
Combined single limit for bodily injury and property damage
B. Aggregate each policy year : _____

4. Insured's Retained Amount Requested

A. _____ per claimant with respect to each occurrence
or
B. _____ per each occurrence.

5. Policy Period Requested

From the _____ day of _____ 20 __ (Inception Date)
To the _____ day of _____ 20 __ (Expiry Date)
If the policy period is at least one year it will automatically be continued in accordance with Section 4.2 of the policy unless cancelled before the Expiry Date.

6. Optional Extended Reporting Period

(Only applicable to CGL policy)
To be applicable the option to purchase the Optional Extended Reporting Period must be exercised in accordance with Section 5.3 of the policy.
If the proposer might wish to purchase an Optional Extended Reporting Period, please specify requested duration.

Duration : up to _____ months.

7. General Information as to Premises-Operations Hazard

		No	Yes			No	Yes
A	Is the proposer a subsidiary of another entity or does the proposer have any subsidiaries?			I	Is there any participation in trade shows, exhibits, conventions?		
B	Is a formal safety program in operation			J	Are recreation facilities provided?		
C	Are there advertising signs away from premises?			K	Are sporting or social events sponsored?		
D	Are medical facilities or first aid, fire or ambulance services provided or doctor employed / contracted?			L	Are any structural alterations contemplated?		
E	Is equipment loaned/rented or others?			M	Is any demolition exposure contemplated?		
F	Are boats or watercraft of any kind owned, hired or leased?			N	Is there any catastrophe exposure?		
G	Is there any exposure to flammables, explosives, chemicals?			O	Are there any areas of expected expansion in the next year?		
H	Are there any parking facilities owned/rented?			P	Is there any other insurance with this company or being submitted?		

Please explain all above "Yes" responses.

8. Information regarding Products-Completed Operations Hazard

(Not applicable to BL policy unless Products-Completed Operations Limited Form Endorsement is to be included.)

8.1 General Information :

		No	Yes			No	Yes
A	Does proposer install, service or demonstrate products?			H	Are products of others sold or re-packed under proposer's label?		
B	Are foreign products sold, distributed or used as components?			I	Are any of proposer's products sold or re-packed under label or others?		
C	Is are search conducted on design, plant or formula or is specification provided?			J	Were any new products introduced in last 3 years?		
D	Does proposer instruct, advise or warn on the nature, use or			K	Are any new products planned?		

	storage?						
E	Are guarantee or warranties given?			L	Are products subject to industry or government standards ?		
F	Are any of proposer's products related to aircraft/space industry?			M	Is any person responsible for quality control?		
G	Have any products been recalled, discontinued or changed?			N	Does proposer have a quality control manual?		

Please explain all above "Yes" responses :

8.2 Details on each product/product group

	Product/Product Group					
	A	B	C	D	E	F
Designation						
Years in market						
No. of units sold Last 3 years 20__ 20__ 20__						
Total no. of units in use						
Expected lifetime						
Intended use						
Principal Components						
Annual sales A - Domestic B - Export - USA - Canada - Other OECD Countries - Non OECD Countries C - Total						

In addition to the USA and Canada, the Organization for Economic Co-operation and Development (OECD) includes the following members : Australia, Austria, Belgium, Denmark, Finland, France, Germany (Federal Republic), Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, Turkey and the United Kingdom (as well as Yugoslavia as an associated member)

9. **Additional Information**

If the proposer's business is listed below, please answer related questions.

9.1 Apartment Buildings, Hotels or Motels,

Are there pools or beaches ?

Yes No

Number of storey's :_

9.2 Capentry

Does construction of residential property exceed three storeys in height ?

Yes No

9.3 Contractors

	Yes	No
Does proposer draw plans, designs or specification?		
Does proposer lease equipment to others with or without operators?		
Does proposer have full time staff?		
Does proposer have part time staff?		
Percentage of proposer's work sub-contracted?		

9.4 Painting

Does proposer work in building exceeding three storeys in height?

Yes No

9.5 Restaurant

Is there a dance floor?

Yes No

10 Loss Experience

10.1 Please indicate below all losses paid or now reserved (whether resulting in claims or not) occurring during the past five years :

Year	Paid Claims		Outstanding Claims Reserves	
	Number	Amount	Number	Amount
20__				
20__				
20__				
20__				
20__				

Please give details of all major losses :

10.2 Are there any claims currently pending against the proposer or is the proposer aware, AFTER INQUIRY, of any circumstances which could give rise to a claim under the proposed insurance? Yes No

If yes, please give details :

11 Prior Insurance

Please give details of proposer's liability insurance coverage for the past five years :

Year	Carrier	Policy No.	Coverage Trigger	Retroactive Date if any
20__				
20__				
20__				
20__				
20__				

Limit of Prior Insurance :

Year	Bodily Injury		Property Damage	
	Each Occurrence	Aggregate	Each Occurrence	Aggregate
20__				
20__				
20__				
20__				
20__				

Limit of Prior Insurance :

Has any Insurer ever declined or cancelled or refused to renew insurance or imposed special terms ?

Yes No

If yes, please give details including name of Insurer.

I/We, the undersigned, declare that to the best of my/our knowledge and belief the statements set forth herein are true and correct, and agreed that this Proposal and any supplementary information requested by the Company and furnished in connection herewith shall form the basis of and be incorporated into any contract of insurance which may be concluded between the proposer and the Company.

Signed : _____

Name : _____

Position : _____

Date : _____