

**LPI Commercial General Liability Questionnaire**

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#110 - 7340 Westminster Hwy Richmond, BC V6X 1A1

**LEGEAR • PELLING**

**INSURANCE AGENCIES LTD.**

Community Minded Customer Committed

**Commercial General Liability Questionnaire**

**Date:**

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1. a) Full Name of Insured/Applicant:
  - b) Names of principals:
  - c) Subsidiaries, Partners and Joint Ventures:
  
2. a) Contact Person: Name:  
Email Address:  
Tel. # (business/work):                      Tel. # (home):  
Fax #:    Cellular #:
  - b) Mailing Address:
  - c) Website Address:
  
3. Is a Firm \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Joint Venture \_\_\_ Other \_\_\_
  
4. a) Full Description of operations (submit brochure, if available). If possible subdivide information for different classes of operations.

Operations:

Number of Employees: \_\_\_\_\_  
Current Full Payroll: \$ \_\_\_\_\_  
Estimate Full Payroll – Coming Year: \$ \_\_\_\_\_  
Current Annual Gross Receipts: \$ \_\_\_\_\_  
Estimate Annual Gross Receipts – Coming Year: \$ \_\_\_\_\_

- b) Do you anticipate in entering other operations during the term? Yes / No    If yes, please explain.
  
5. How long have you been in business?
  
6. a) Describe any sublet work (independent contractors) and give cost. (Attach a list if necessary)

- b) Is any work covered under wrap-up liability? Yes / No      Estimated Receipts: \$ \_\_\_\_\_  
 c) Are Sub-contractors required to carry liability insurance?      Yes / No  
 d) Are Sub-contractors required to submit liability certificate?      Yes / No  
 e) Is a formal contractual agreement entered into with the Sub-contractors?      Yes / No  
 f) If the answer to a) is Yes, is a hold harmless in your favour?      Yes / No  
 Submit a copy of the usual contract form if possible.

7. Sales: \_\_\_\_\_ % Commercial  
           \_\_\_\_\_ % Residential  
           \_\_\_\_\_ % Plumbing  
           \_\_\_\_\_ % Heating  
           \_\_\_\_\_ % Electrical  
           \_\_\_\_\_ % Other (Please specify)

8. Are any sales outside Canada? Yes / No      If Yes, please complete:  
 Sales to:

Annual Gross Receipts: \$ \_\_\_\_\_

Services of Goods Exported:

9. Does the Applicant engage in any of the following operations:

- a) Demolition or wrecking      Yes / No  
 b) Shoring      Yes / No  
 c) Underpinning      Yes / No  
 d) Caisson      Yes / No  
 e) Excavation      Yes / No  
 f) Use of explosives      Yes / No  
 g) Raising or moving      Yes / No  
 h) Tunneling      Yes / No  
 i) Welding, Minor Amount      Yes / No  
 j) Other \_\_\_\_\_ Yes / No

10. a) List locations and occupation:

- b) Is Tenants Legal required?      Yes / No  
 i) Tenants Fire Legal?      Yes / No  
 ii) Tenants All Risks Legal?      Yes / No      State Deductible: \$ \_\_\_\_\_  
 iii) Tenants All Risks Legal? (blanket)      Yes / No      State Deductible: \$ \_\_\_\_\_  
 If the answer is Yes, please state the limit required for each location. \_\_\_\_\_

11. a) Give detail of unlicensed automobile or specially licensed automobiles for which compulsory automobile insurance does not apply.

- b) Is there an automobile policy covering these vehicle?      Yes / No

12. a) Are all employees covered by Workers Compensation?      Yes / No

- b) If No, give details split between different types of occupation/number of employees/payroll.

13. a) Is there any non-owned aircraft exposure by way of ownership, use of operation of owned aircraft by or on behalf of the Applicant?      Yes / No      If Yes, please describe.

- b) Does or did the Applicant do any work on airport premises? Yes / No
- c) If Yes above, is there any insurance in effect covering this exposure? Yes / No  
If Yes, give details.

14. a) Is there any owned or non-owned watercraft exposure of ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant? Yes / No  
If Yes, give details.

b) Is there any insurance in effect covering these exposures? Yes / No  
If Yes, give details.

15. a) Are there any Architects, Engineers, Doctors or similar professionals on staff? Yes / No  
If Yes, give details.

b) Do these professionals have separate professional liability policies? Yes / No

16. Do you sponsor any athlete teams? Yes / No  
If Yes, give details.

17. Are there any known contractual obligations where the Applicant has to provide Insurance on behalf of another or hold another harmless? Yes / No  
If Yes, please list all lease agreements, railway siding agreements, etc. and provide copies of these agreements.

18. Are there any Additional Insureds to be added to the policy? Yes / No  
If Yes, list and state purpose.

Name:

In Connection With:

19. a) How many employees regularly drive their own vehicles on company business? \_\_\_\_\_  
b) What is the cost of hired automobiles? \$ \_\_\_\_\_

20. Is there any use of radioactive materials? Yes / No  
If Yes, please describe.

21) Give details of last five (5) years losses.

22) a) Give details of all liability insurance carried.

<u>Name of Insurer</u>	<u>Limit of Policy</u>	<u>Deductible</u>	<u>Period</u>	<u>Premium</u>
	\$	\$		\$

b) Has any Insurer cancelled insurance on any risk to be insured against or refused to renew it?  
Yes / No

23) Commercial General Liability limit required: ( ) \$1,000,000 ( ) \$2,000,000  
( ) \$5,000,000 ( ) \$10,000,000

Please indicate which of the following coverages will be required:

- ( ) Premises & Operations
- ( ) Products & Completed Operations
- ( ) Contractual Liability (Blanket written)
- ( ) SEF No. 94
- ( ) Broad Form Auto
- ( ) Broad Form Property Damage
- ( ) Contingent Employers Liability
- ( ) Medical Payments \$ \_\_\_\_\_ each person  
\$ \_\_\_\_\_ aggregate
- ( ) Tenant's Fire Legal Liability
- ( ) Tenant's All Risk Legal Liability
- ( ) Incidental Malpractice
- ( ) Garage Liability
- ( ) Cancellation Notice 30 days
- ( ) Intention Acts to Protect persons or property
- ( ) Owners & Contractors Protective
- ( ) Elevators & Escalators
- ( ) Non-Owned Auto Liability
- ( ) SEF No. 96
- ( ) Occurrence Property Damage
- ( ) Employees as Additional Insureds
- ( ) Employee Benefits
- ( ) Forest Fighting Expenses
- ( ) Worldwide Coverage
- ( ) Cross Liability

24) Is an Umbrella or Excess Policy required? Yes / No

If an Excess Policy is required, please state the total limits required. \$ \_\_\_\_\_

If an Umbrella Policy is required, please complete an Umbrella Application.

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I authorize my broker or insurance company to collect, use and disclose any of this personal information including my claims history and credit information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance, underwriting and/or renewing, extending or changing my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. If there are any changes to the information contained in this application I hereby agree to notify my Insurer of such changes within thirty (30) days of such change. Signing of this application for insurance does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage Firm: Legear Pelling Insurance Agencies Ltd.

Broker's Tel. 604.276.2474

Broker's Fax. 604.276.2943