



COMMERCIAL GENERAL LIABILITY SURVEY OF HAZARDS

Broker: _____
(If Space Given is Inadequate for Responses, Please use "Additional Comments" Section)

1. (a) Full Names of all Insureds: _____

(b) Full Names of all Principals: _____

2. Mailing Address: _____

3. (a) Describe Business in Full Detail (Attach Brochures): _____

(b) Describe any U.S. Exposure: _____

(c) Describe any Other Foreign Exposure: _____

(d) Number of Years in Business: _____

(e) State Limits of Liability Required: Inclusive Limit: \$ _____ Aggregate Limit: \$ _____

(f) Is Medical Payments Coverage Required? Yes [] No [] Limit per Person: \$ _____

(g) Check Coverage Required:
(i) Products and Completed Operations Yes [] No []
(ii) Personal Injury Yes [] No []
(iii) Tenants Legal Liability Yes [] No []
(iv) Broad Form Property Damage Yes [] No []
(v) Non-Owned Automobile Yes [] No []

4. Please Complete the Following:

Table with 3 columns: Location of Premises, Fully Describe Operations at Each Location, Tenants Legal Liability Limit. Contains 3 empty rows for data entry.

5. Are any of the Above Premises or Portions Thereof Leased or Rented to Others? Yes [] No [] If Yes, Which Locations?

6. Are Premises Equipped with Elevators, Escalators, Hoists, Similar Equipment, Swimming Pools or Other Recreational Facilities? Yes No If Yes, Please Complete the Following:

Number	Description	Location

7. (a) Please Complete the Following:

Type of Product and/or Operation	Annual Sales in Canadian Dollars		
	Canada	U.S.A.	Other Countries
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

(b) Do You have any Agreements with Dealers, Manufacturers or Distributors Related to Your Products? Yes No
 If Yes, Do the Agreements Contain Hold Harmless Clauses in Your Favour? Yes No

(c) Do You Purchase any Components, Specialized Materials or Pre-Assembled Parts to Manufacture Your Products or Do You Import, Distribute or have Exclusivity of any Product? Yes No
 If Yes, Please Complete the Following:

Description	Supplier	Country	Proof of Insurance Obtained

If You Answer Yes to any of the Following, Please Provide Details Below:

(d) Does Anyone else Manufacture Your Product under Licence? Yes No _____

(e) Are any of Your Products Sold under Another Company's Name or Label? Yes No _____

(f) Do You Repackage the Products of Others? Yes No _____

(g) Have You Discontinued any Products or Operations in the Past? Yes No _____

(h) Do You Manufacture Products or Perform Operations According to Customer Specifications? Yes No _____

(i) Describe Quality Control and Inspection Procedures: _____

8. (a) Detail Fully and Break Down Types of Operations and Work Performed by Insured:

Operation	Payroll	Gross Receipts
	\$	\$
	\$	\$
	\$	\$

(b) Does Your Operation Involve the Use of any Flammable or Poisonous Materials? Yes No
 If Yes, Please Describe: _____

9. Do You Engage in any of the Following Operations? If Yes to any of these Operations, Please Provide Details Below:

- (a) Demolition or Wrecking Yes No _____

- (b) Shoring Yes No _____

- (c) Underpinning Yes No _____

- (d) Caisson Work Yes No _____

- (e) Excavating Yes No _____

- (f) Tunnelling Yes No _____

- (g) Use of Explosives Yes No _____

- (h) Raising or Moving of Buildings and Structures Yes No _____

10. Please Provide Details of Operations Involving the use of Welding Equipment, or Other Similar Equipment away from the Premises Owned, Occupied or Used by You: _____

11. Do You Rent or Lease Mechanical Equipment to or from Others? Yes No With or Without Operators?
 Yes No Please Provide Details, including Receipts or Costs: _____

12. List all Lease Agreements, Railway Siding Agreements etc. (Attach Copies of Contracts if Possible).

13. (a) Do You Sub-Let any Work? Yes No If Yes, Please Describe: _____
 _____ Cost of Work Sub-Let: \$ _____

- (b) Are Sub-Contractors Required to Carry Liability Insurance? Yes No
- (c) What Minimum Limits are Sub-Contractors Required to Carry? \$ _____
- (d) Do You Obtain Insurance Certificates from Sub-Contractors? Yes No
- (e) Are any Hold Harmless Agreements Given by You or in Your Favour? Yes No
 If Yes, Please Describe: _____

14. (a) Are all Employees Covered by Workers Compensation? Yes No

(b) If Answer to 14.(a) is No, Please:

(i) Give Number of Employees Not Covered by Workers Compensation: _____

(ii) Actual Payroll of these Employees: \$ _____

(c) If Employers Liability Coverage is Required, Please Give Limit: \$ _____

(d) Is Voluntary Compensation Coverage Required? Yes No

If Yes to any of the following, Please Provide Details Below:

15. (a) Is there any Use of Radioactive Materials? Yes No _____

(b) Do You Employ a Physician, Surgeon, Dentist, Nurse or Other Health Care Professional? Yes No

(c) Do You Own or Operate any Aircraft or Watercraft? Yes No _____

(d) Do You Charter, Rent or Lease any Aircraft or Watercraft? Yes No _____

(e) Do You Sponsor or Conduct any Sports Activity, Public Entertainment, Exhibition or Convention? Yes No

(f) Do You have Special Agreements with Government Agencies? Yes No _____

(g) Does the Forest Fire Prevention Act Apply? Yes No Limit Required \$ _____

16. Please Provide Claims Experience for Past Five Years Whether Losses were Insured or Not.

Date	B.I. or P.D.	Description	Amount Paid	Amount Outstanding
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

17. Additional Comments: _____

Date: _____ Signature: _____

Position: _____