CATLIN

Questionnaire

Commercial General Liability

This form may be completed by you or your broker. If you have insufficient space to answer any questions, please attach a separate sheet.

Agent/Broker:

Applicant Information:

Name:

Address:

Description of Operations:

Web Site Address:

Contact Name & Tel. No.

Applicant Is:

- Individual ☐
- Partnership / Limited Liability Partnership ☐
- Joint Venture ☐
- Trust ☐
- Limited Liability Company ☐
- Other (Describe) ☐

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Location Information:

Address	Occupancy	Construction	Occupancy & Distance of Nearby Exposures	Area Occupied by Applicant	Area Occupied by Others

Exposure Information:

1. Breakdown of Operations:

Description	Annual Sales	% Canada	% US	% Other	Last Year Sales

2. Breakdown of Products:

Description	Annual Sales	% Canada	% US	% Other	Last Year Sales

3. Describe origin of product, materials or principal components.

4. Provide details of all major customers or contracts.

5. Describe the applicant's quality control procedures.

If the answer to any of the following questions is yes, please provide full details:

6. Does the applicant deliver, install or service his products after sale?

7. Has any product been discontinued or product recall ordered in the last five years?

8. Does the applicant plan to introduce any new products in the next 12 months?

9. Does the applicant handle any pollutant or hazardous material?

10. Does the applicant carry out blasting, demolition, underpinning, pile driving, shoring, logging or welding?

11. Are there any products related to nuclear energy or defense?

Employee Details:

Type of Employee	Number	Estimated Annual Payroll	Last Year

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Independent Contractors:

1. Does the applicant employ subcontractors or independent contractors? If yes, give description and estimated annual cost.

2. Are certificates of insurance requested from the contractors & subcontractors? If yes, please provide details of required limits.

Additional Coverage Requirements (please specify):

- Contingent Employers Liability ☐
- Tenants Liability ☐
- Additional Costs Extension ☐
- Personal and Advertising Injury ☐
- Employee Benefits Liability ☐
- Non owned auto ☐
- Other, please specify ☐

We may require additional information if any of the above are requested.

Deductible(s) Required:

Underwriting Information:

Name of current / previous insurers:

Expiry date of current / previous insurance

Have you ever had any previous policy cancelled: Yes ☐ No ☐

If yes, please provide details.

Premium / Loss Experience (please attach details of any large claims, either pending or paid.)

Year	Premium CDN$	Claims Paid CDN$	Outstanding Claims CDN$

To the best of our knowledge, the above representations are true and correct.

Date	Applicant Signature	Agent or Broker Signature