



COMMERCIAL GENERAL AND UMBRELLA LIABILITY APPLICATION SHORT FORM

INSTRUCTIONS TO THE APPLICANT

Please answer all questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered material to that evaluation.

If a question is not applicable, state N/A. If more space is required to answer a question, please attach an exhibit stating the question number.

As required each year by the majority of our markets, this proposal must be duly signed and dated by an authorized person.

FOR MANUFACTURERS & WHOLESALERS, PLEASE ATTACH THE FOLLOWING DOCUMENTS
Brochures, advertisements, or the descriptive literature about the firm, its operations and services.

APPLICANT INFORMATION

1. Applicant's name: _____

2. Applicant's address: _____

3. Description of operations: _____

DETAILS OF REQUIRED COVERAGES

1. Effective date of insurance: _____

OPERATIONS

1. Number of employees and annual payroll:

	Canada	USA	Other
Number of employees			
Annual payroll			

PRODUCTS LIABILITY AND SERVICES

1. Income Declaration (\$ CAD). List by category all services and/or products manufactured, sold, handled or distributed by the Applicant for the past 5 years:

Product or service description	Projected		Last year	
	Canada (\$)	USA (\$)	Canada (\$)	USA (\$)



2. Provide the percentage breakdown of annual sales:

In Canada: % _____
 In United States: % _____
 Rest of world: % _____

AUTOMOBILE

1. Number of vehicles, owned or leased, by licensed territory:

	Canada	USA	Rest of world
Private			
Light trucks			
Heavy trucks			
Motorized equipment			
Trailers			
Buses			
Others			

2. Are vehicles licensed in United States? Yes No
 If Yes, which states?

PREVIOUS LOSS EXPERIENCE

1. List all liability claims within the last five (5) years, whether settled or not (if none please state, i.e. No Claims, "N/A" is not acceptable).

Description of the incident	Date	Indemnity paid or reserved	Expenses paid or reserved

2. Are you aware of any fact, circumstance, condition or situation that can lead to, cause or result in expenses in order to avoid, minimize or mitigate actual or potential liability? Yes No
 Si If Yes, attach details.

COVERAGE'S REQUIREMENTS

Commercial general liability
 Limit of insurance
 Per occurrence \$ _____
 Products/completed operations aggregate \$ _____
 General aggregate \$ _____

Umbrella
 Limit of insurance
 Each occurrence & aggregate where applicable \$ _____



SCHEDULE OF PRIMARY POLICIES

Coverage	Carrier and policy number	Policy term	Limit	Premium
General liability				
Owned automobile				
Professional				
Non-owned auto				
Others (Ex: aviation, marine)				

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

The First Named Insured on behalf of all proposed Insured(s) warrants it has the authority to so act and that upon its inquiry all statements herein are true and correct to the best of its knowledge and that no material facts have been suppressed or misstated.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.