



COMMERCIAL GENERAL AND UMBRELLA LIABILITY APPLICATION

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.

Si une question est non-applicable, veuillez inscrire S.O. Si l'espace est insuffisant, veuillez joindre en annexe, toute autre information, en vous assurant d'y apposer le numéro de la question s'y rapportant. | 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.

Cette proposition devra être dûment signée et datée par une personne ayant ce mandat. | This application must be signed and dated by an authorized person.

VEUILLEZ JOINDRE LES DOCUMENTS SUIVANTS | PLEASE ATTACH THE FOLLOWING

Brochures, advertisements, or the descriptive literature about the firm, its operations and services.

Recent annual and quarterly financial statements.

APPLICANT INFORMATION

1. Applicant's name:

2. Applicant's address:

3. Applicant is:

Corporation

Partnership

Individual

Other (specify): _____

4. Description of operations:

5. In business since:

6. Name and address of subsidiaries (domestic and foreign):

Name	Address	Domestic	Foreign

7. Have any of the principals ever engaged in this or similar enterprises under a different name?

Yes No

| If Yes, attach details

8. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operations.

Name: _____

Title: _____

Telephone number: _____



DETAILS OF REQUIRED COVERAGES

- 1. Effective date of insurance: _____
- 2. Name of present insurer: _____
- 3. Has any insurer ever refused or canceled any insurance? Yes No
If Yes, provide details.

LEASED PROPERTY

- 1. Describe all leased buildings:

Location	Area	Occupancy	Annual rent	Construction year

- 2. Does the applicant own or lease any of the following property? Yes No
- 3. Freight and/or passenger elevator? Yes No
If Yes, specify number, type, capacity, use and locations:

- 4. Lots? Yes No
If Yes, specify location, area, use:

- 5. Owned watercraft? Yes No
If Yes, specify number, type, length, H.P.:

- 6. Leased or chartered watercraft? Yes No
If Yes, please specify number, type, length, H.P.:

- 7. Aircraft? Yes No
 Owned
 Non-owned
Please specify the numbers, maximum seating capacity and annual costs:

OPERATIONS

- 1. Number of employees and annual payroll:

	Canada	USA	Other
Number of employees			
Annual payroll			



2. Does applicant handle any material that could cause pollution? Yes No
 If Yes, please describe.
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INCIDENTAL MALPRACTICE LIABILITY

1. Does applicant operate a hospital, a clinic or first aid facility? Yes No
 If Yes, please specify the following

	Full time	Part time
Number of doctors		
Number of nurses		

2. Is individual liability of employed doctors and nurses covered by insurance? Yes No
 If Yes, what are the limits of insurance provided?
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CONTRACTUAL LIABILITY

- Yes No
- If Yes, attach wording of such contract or written agreements.

PRODUCTS LIABILITY AND SERVICES

1. List by category all services and/or products manufactured, sold, handled or distributed by the applicant for the past 5 years:

Projected	Last year	2 years ago	3 years ago	4 years ago

2. Provide the percentage breakdown of annual sales:
- In Canada: % _____
- In United States: % _____
- Rest of world: % _____

3. Give the name and industries of the three largest customers:

Name	Industries

4. Who performs the installation/maintenance of the applicant's product(s)?

Applicant

Customer

Third party hired by:

Customer

Applicant

(If more than one method used, please explain.)

If applicant performs these services, state pertinent payroll.

5. Give details of operations away from applicant's:

6. Describe products whose manufacturing has ceased:

Give reason for discontinuing production and year:

Specify annual sales \$ _____

Does applicant retain the liability for any products or operations which they no longer control?

Yes No

Have any products been acquired by merger or acquisition?
If Yes, explain.

Yes No

Did the applicant assume liability for these products? _____

7. Does applicant have operations outside Canada? Yes No

Si Oui, dans quels pays et pour quels montants | country and what is the corresponding amount?

8. Has the applicant included brochures or other relevant documentation concerning the products? Yes No

9. Are there any products or activities related to nuclear energy or defense? Yes No

10. Do any products or activities imply usage of radio-isotopes or radioactivity? Yes No

11. Will any new products be introduced in the next 12 months?
If Yes, explain:

Yes No

12. Will any new products be introduced in the next 12 months?
If Yes, explain:

Yes No



13. Have any of your products ever been the subject of a recall or retrofit?
If Yes, attach details and state percentage of product retrofitted or recovered. Yes No

14. Have you been informed of the possibility of a recall of your products?
If Yes, attach details. Yes No

15. Describe your product recall plan.

16. Describe your quality control program.

17. Describe your procedures for handling customer complaints.

18. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental authority?
If Yes, attach details. Yes No

19. Have any of your products been banned or declared unsafe by any governmental authority?
If Yes, attach details. Yes No

20. Can your products be identified from the products of your competitors?
If Yes, attach details. Yes No

21. Do you require certificates of insurance from your suppliers?
If Yes, indicate minimum limit acceptable. Yes No

22. Do you provide insurance to your distributors?
If Yes, explain Yes No

23. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards?
If Yes, specify which standards. Yes No

24. State which standards or approval agencies are used.

25. Are any of your products intended for use on or in connection with:
Aircraft or missiles? Yes No
Watercraft? Yes No
Offshore operations? Yes No

OTHER EXPOSURES

1. Is the applicant subject to the following risks? Yes No

2. Work sublet to sub-contractors or independent contractors? Yes No
 If Yes, please specify type of work: _____

If Yes, please specify annual costs: _____ \$ _____

3. Railroad operation? Yes No
 Fully describe any railway network owned, used or operated by the applicant: _____

4. Advertising? Yes No
 If Yes, please give a description: _____

If Yes, please give estimated annual advertising expenditure: _____ \$ _____

5. Is advertising agency used? Yes No

EMPLOYER'S LIABILITY

1. Is workmen's compensation insurance available in all provinces in which the applicant conducts business? Yes No
 If Yes, does applicant take advantage of it? Yes No
 If No, specify provinces and payroll: _____

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? _____

3. Are vehicles licensed Ontario? Yes No
 If Yes, provide Registrant Identification Number (R.I.N.): _____

4. Are vehicles utilized for long haul? Yes No
 If Yes, specify what is transported:
 Products of the insured
 Products of others
 Both

Are vehicles utilized in the transportation of flammable, caustic or explosive substances? Yes No



5. Describe any non-owned automobile exposure:

6. Number of employees using their car for company business?

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 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?
If Yes, attach details.

Yes No

COVERAGES REQUIREMENTS

Commercial general liability

Limit of insurance

Per occurrence

\$ _____

Products/completed operations aggregate

\$ _____

General aggregate

\$ _____

Umbrella

Limit of insurance

Each occurrence & aggregate where applicable

\$ _____

Deductible

\$ _____

Per occurrence

Per claimant

On occurrence basis

Yes No

On claims made basis

Yes No

Worldwide coverage

Yes No

Employee benefits administration

Yes No

Limit per claim

\$ _____

Aggregate limit

\$ _____

Deductible per claim

\$ _____

Contractor's protective liability

Yes No

Blanket contractual liability

Yes No

Products and completed operations

Yes No

Contingent employer's liability

Yes No

Voluntary medical payments

Yes No

Per person

\$ _____



Employees as named insureds Yes No
 Tenant's legal liability - Broad form Yes No
 Limit per location \$ _____

Personal injury Yes No
 Cross liability Yes No

Elevator collision Yes No
 Limit \$ _____

Broad form property damage Yes No
 Forest fire fighting expenses Yes No
 Limit \$ _____

Non-owned automobile liability Yes No
 QEF 99 / SEF 99 - Excluding long term leased vehicle Yes No
 QEF 94 / SEF 94 - Damage to leased vehicles Yes No
 Limit \$ _____
 Deductible \$ _____

| Endorsement Yes No
 Non-owned watercraft Yes No
 Non-owned aircraft Yes No
 Incidental malpractice liability Yes No
 Pollution liability Yes No
 Advertising liability Yes No
 Independent vendors as additional insureds Yes No
 Voluntary workers as additional insureds Yes No
 Sixty (60) days cancellation clause Yes No
 Other special endorsements (specify) Yes No

SCHEDULE OF PRIMARY POLICIES

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

Do these policies insure all corporations and subsidiaries listed in Item 1? Yes No
 If No, explain _____

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.