

BROKER INFORMATION:

Name: _____ Contact: _____
 Address: _____ City: _____ Postal Code: _____

PROPOSED COVERAGE EFFECTIVE DATE: _____

GENERAL INFORMATION

1. Name of Company: _____
2. Description of Operations: _____
3. Address: _____
4. Website Address: _____
5. Year in Business: _____
6. Number of Employees: _____
7. Have you ever operated under a different name? YES NO
 If YES, please provide name(s): _____
8. Are you aware of any circumstances, fact or situation that might result in a claim being made against you or any other person or any entity for whom coverage is being sought? YES NO
 If YES, please describe: _____
9. Previous Insurance Information:

Carrier	Limit	Premium	Policy Period

10. Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for? YES NO
 If YES, please complete attached chart.

Date of Loss	Description of Loss	Amount Paid Incl. Reserve	Open/Closed

COMMERCIAL GENERAL LIABILITY COVERAGE

DESCRIPTION OF PRODUCT # Please Include years in circulation	Actual Gross Revenue for the past 12 months		Estimated Gross Revenue for the next 12 months	
	Canada	\$	Canada	\$
1.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
2.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
3.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
4.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
5.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$

1. How are your products distributed?
Wholesalers ___% Direct to Consumer ___%
2. Does the Applicant agree to hold any dealers, distributors, manufacturers, retailers, or suppliers harmless against claims or suits in connection with the Applicant's product? YES NO
3. Does the Applicant purchase materials, components, or products from Third Parties (manufacturers, distributors, etc.)? YES NO

If YES, please complete attached chart.

Item Description	Country of Origin	Certifications (ex. CSA, ULC, ISO)	Tests Performed by Insured/ Manufacturer to Determine Quality

4. Is evidence of products liability insurance required from those suppliers? YES NO
5. Does the Applicant maintain a written quality control program? YES NO
Please give details or attach a copy: _____
6. Do all products (including labels) comply with Industry and Government standards? YES NO
7. Does Applicant maintain records of batch (i.e. run) numbers and do they have a products recall plan? YES NO
Please give details: _____
8. Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
9. Deductible required: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
10. Do you manufacture, wholesale or retail any of the following:

Product	Percentage of Revenues
Safety equipment	
Protective Pads	
Eye shields	
Mouth guards	
Camping Stoves	
Cooking Pots	
Caving Equipment (except clothing)	
Climbing Equipment (except clothing)	
Pocket knives	
Complete bicycles	
Knives/ swords	
Jet skis/ Ski Doos	
Technical Diving Equipment (including oxygen tank, decompression equipment, Buoyancy aid)	
Paintball grenades, pistols, sling shots	
All skateboarding equipment (except clothing, shoes and boards themselves)	
Snow grooming machines	
Skis, ski bindings	
Any food manufactured in China	
Helmets	
Firelighters	

Declarations of Applicant: I declare that;

Insurance for the business has never been declined, cancelled or non-renewed by an insurer.
The business does not own, manage or occupy any premises outside Canada.
The business has no officers or employees who live or work more than half the time outside Canada.
The business names shown include all subsidiaries and affiliates to be covered by this insurance.
None of the work performed by the business has ever been recalled or withdrawn from use.

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting 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.

Printed Name: _____

Position Held: _____

Applicant's Signature: _____

Date: _____

Leon Levi
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