

**vailo** 

 **Liability  
Application**

**Vailo Insurance Services Ltd**

Suite 430 – 250 Newport Drive,  
Port Moody, BC V3H 5H1

**Phone:** 604.829.3811

**Toll Free:** 1.877.787.6737

[www.vailo.ca](http://www.vailo.ca)

## COMMERCIAL LIABILITY APPLICATION

### GENERAL INFORMATION

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Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Applicant(s) – including all subsidiaries: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the Applicant(s) new to the broker:  No  Yes      If no, how long have you known the Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Website (if applicable): \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_  
 Business Operations: \_\_\_\_\_  
 Previous Insurer: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_  
 Has any Insurer cancelled, declined or refused you coverage?  No  Yes      If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

### GENERAL LIABILITY UNDERWRITING INFORMATION

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Full description of operations - attach brochure(s) if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Area of operation: \_\_\_\_\_ Any operations outside of Canada?  No  Yes  
 If yes, where: \_\_\_\_\_  
 Experience of principal & partners: \_\_\_\_\_  
 Total number of employees: \_\_\_\_\_ Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_  
 Are all employees covered by Worker's Compensation?  No  Yes  
 If no, please explain: \_\_\_\_\_  
 Actual gross revenues for the past 12 months: \$ \_\_\_\_\_ Estimated gross revenue for the next 12 months: \$ \_\_\_\_\_  
 Actual payroll for the past 12 months: \$ \_\_\_\_\_ Estimated payroll for the next 12 months: \$ \_\_\_\_\_  
**Breakdown of total revenue by operations:**

Operations	Actual gross revenues for the past 12 months	Estimated gross revenue for the next 12 months	Canada %	USA %	Foreign %

  
 Does the insured anticipate starting any new operations during the next 12 months?  No  Yes  
 If yes, please provide details: \_\_\_\_\_  
 Any installations or repairs performed away from the premises?  No  Yes  
 If yes, please provide details: \_\_\_\_\_  
 If you subcontract work, do you require your subcontractors to carry liability coverage?  No  Yes  
 If yes, what limit do you require? \_\_\_\_\_ Value of subcontract work: \_\_\_\_\_  
 Are certificates of insurance required?  No  Yes  
 Does the applicant assume any contractual liability by verbal or written agreement?  No  Yes  
 If yes, please explain and attach copies: \_\_\_\_\_  
 \_\_\_\_\_

Do you own or rent any watercraft?  No  Yes If yes, please provide details (description, length, HP, rented or owned):

Do you own or rent any Aircraft?  No  Yes If yes, please provide details (description, rented or owned):

Do you have any unlicensed automobiles or specifically automobiles for which compulsory insurance does not apply?  No  Yes

If yes, please explain:

Do any employees regularly drive their own vehicles on company business?  No  Yes

If yes, please explain:

Do you have any Architects, Engineers, Doctors or similar professionals on staff?  No  Yes

If yes, please explain:

**Does the applicant engage in any of the following operations (if yes, please describe)?**

Aircraft Products or work at airports	<input type="checkbox"/> No <input type="checkbox"/> Yes	Plumbing	<input type="checkbox"/> No <input type="checkbox"/> Yes
Amusement parks or devices	<input type="checkbox"/> No <input type="checkbox"/> Yes	Propane work	<input type="checkbox"/> No <input type="checkbox"/> Yes
Asbestos, lead, oil, UFFI or PCB abatement	<input type="checkbox"/> No <input type="checkbox"/> Yes	Railroads	<input type="checkbox"/> No <input type="checkbox"/> Yes
Blasting	<input type="checkbox"/> No <input type="checkbox"/> Yes	Raising or moving of buildings or structures	<input type="checkbox"/> No <input type="checkbox"/> Yes
Bridge work	<input type="checkbox"/> No <input type="checkbox"/> Yes	Remediation contracting	<input type="checkbox"/> No <input type="checkbox"/> Yes
Caisson, Shoring, Underpinning, Tunneling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Restoration contracting	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cranes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Roofing work	<input type="checkbox"/> No <input type="checkbox"/> Yes
Dam work	<input type="checkbox"/> No <input type="checkbox"/> Yes	Security or protection services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Demolition or wrecking	<input type="checkbox"/> No <input type="checkbox"/> Yes	Snow removal	<input type="checkbox"/> No <input type="checkbox"/> Yes
Drilling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Spraying (pressure washing)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Excavation	Maximum Depth: <input type="text"/>	Sprinklers	<input type="checkbox"/> No <input type="checkbox"/> Yes
High hazard participants injury activities	<input type="checkbox"/> No <input type="checkbox"/> Yes	Swimming pool work	<input type="checkbox"/> No <input type="checkbox"/> Yes
Insulation (installation / removal)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Waterworks	<input type="checkbox"/> No <input type="checkbox"/> Yes
Liquor sales or host liquor liability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Welding (Off premises)	<input type="checkbox"/> No <input type="checkbox"/> Yes

**COVERAGE REQUIREMENTS**

LIABILITY COVERAGE	DEDUCTIBLE	LIMIT OF INSURANCE

**MISCELLANEOUS INFORMATION** (Please provide any additional information – where the space provided was insufficient)

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## CLAIMS INFORMATION – LIABILITY

Describe any insured and uninsured losses having occurred in the past 5 years – including incidents that have not been reported yet and may result in a claim. Please provide a description, date and amount of loss:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## DECLARATION AND SIGNATURE

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_