



Liability Application

Vailo Insurance Services Ltd

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COMMERCIAL LIABILITY APPLICATION

GENERAL INFORMATION

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

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

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: _____