



**COMMERCIAL PACKAGE POLICY APPLICATION
Short Form Application**

THIS APPLICATION FORM IS TO BE USED ONLY FOR APPLICANTS WHO HAVE, OR ARE APPLYING FOR, A SPECIALTY INSURANCE SOLUTIONS INSURANCE POLICY THROUGH TRISURA. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

COVERAGE REQUESTED

Commercial General Liability Limit: \$1,000,000 \$2,000,000 \$3,000,000
 \$4,000,000 \$5,000,000 Other: _____

Property Contents Limit: \$25,000 \$50,000 \$75,000
 \$100,000 \$150,000 Other: _____

General Information

1. (a) Name of Applicant: _____
 (b) Mailing Address: _____

 (c) Applicant is: Sole Proprietor Corporation Partnership Other: _____
 (d) Date Established: _____
 (e) Web-Site Address: _____

Business Details

2. (a) Describe in detail the Applicant's business activities: _____

(b) Breakdown of Applicant's gross revenue:

Fiscal Year Month Day	Canada	United States	Foreign	Total
Gross revenues in the <u>past</u> 12 months (\$CDN)	\$	\$	\$	\$
Estimated Gross revenues for the <u>next</u> 12 months (\$CDN)	\$	\$	\$	\$

(c) Total number of employees: Canada: _____ United States: _____ Foreign: _____
 (d) Please list Foreign countries: _____

 (e) Total payroll: \$ _____

3. List all locations at which at business is conducted:

Full Address	Rent or Own	Area Occupied (sq. ft.)

4. (a) Does the Applicant import, distribute, manufacture, retail, resell, repackage or wholesale any products? Yes No
 If Yes, provide full details: _____
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- (b) Does the Applicant install, service, repair or provide maintenance service? Yes No
 If Yes, does this represent more than 50% of the Applicant's total annual revenue? Yes No
- (c) Does the Applicant have any business, premises / operations in the United States or Foreign countries? Yes No
 If Yes, provide full details: _____
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Property Information

5. Does the Applicant require Property Insurance? Yes No
If Yes, complete Question #6. If No, move to Question #7.

6. Complete for each location coverage is required:

Location Information

- (a) Location same as Mailing Address: Yes No
 If No, provide full address: _____
- (b) Area Occupied: _____ sq. ft. Age of Building: _____
 Number of Stories: _____ Is the Building Owned? Yes No
- (c) Building type: High Rise Enclosed Mall Strip Plaza
 Standalone Other: _____

Construction

- (d) Fire Resistive Non-Combustible Masonry Non-Combustible
 Joisted Masonry Frame Other: _____

Protection

- (e) Fire Protection: Hydrant within 300 meters Fire Station within 8 km Unprotected (no hydrants)
 (f) Fire Alarm: None Local Central Station
 (g) Sprinklered: Yes No Partial: _____ %
 (h) Burglar Alarm: None Local Central Station

Insurance History and Loss Information

7. Is the Applicant currently insured? Yes No
 If Yes, please complete the following table:

Coverage	Insurer	Expiry Date	Limit	Premium

8. In the last five years, has any insurance company ever:

- (a) declined the Applicant's application for CGL or Property insurance? Yes No
 (b) refused to renew any insurance CGL or Property policy? Yes No
 (c) cancelled any CGL or Property insurance policy? Yes No
 If Yes, provide full details: _____
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9. Has the Applicant had any claims or losses in the past five years? Yes No

If Yes, provide the following details on a separate sheet:

- (a) Date of Occurrence
- (b) Describe Occurrence and Injury or Damage
- (c) Reserves incurred by or on behalf of the Applicant in respect thereof
- (d) Total amount paid for the Claim
- (e) Current Status of Claim

10. Is the Applicant aware of any other incidents which may result in claims against you? Yes No

If Yes, provide full details: _____

It is understood and agreed that this Application is provided in conjunction with an application form for other Specialty Insurance Solutions insurance policy placed through Trisura Guarantee Insurance Company. It is subject to the same provisions concerning representations as made in the other Application for Insurance.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title