

## 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).

СО	VER	AGE REQUESTED							
Commercial General Liability Limit:   \$1			,000,000	\$2,000,000	\$3,000,000	)			
			□ \$4	1,000,000	\$5,000,000	Other:			
Pro	Property Contents Limit: \$2			25,000	\$50,000	\$75,000			
			□ \$1	00,000	□ \$150,000	Other:			
Ge	neral	I Information							
1.	(a)	Name of Applicant:							
	(b)	Mailing Address:							
	(c) Applicant is:								
	(d)	Date Established:			<u> </u>				
	(e)	Web-Site Address:			<u> </u>				
Bu	sines	ss Details							
2.	(a)	(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 months (\$C		\$	\$	\$	\$		
		Estimated Gross re the <u>next</u> 12 month	evenues for	\$	\$	\$	\$		
	(c)	c) Total number of employees: Canada:			United States: Foreign:				
	(d)	d) Please list Foreign countries:							
	(e)	(e) Total payroll: \$							
3.	List all locations at which at business is conducted:								
J.							Area Occupied		
	Full Address					Rent or Own	(sq. ft.)		

4.	(a)	wholesale any products?					No 🗌				
		If Yes, provide full details:									
	(b)	Does the Applicant install,	service, repair or provide	maintenance service	e?	Yes 🗌	No □				
		If Yes, does this represent more than 50% of the Applicant's total annual revenue?  Does the Applicant have any business, premises / operations in the United States or Foreign countries?					No 🗌				
	(c)						No 🗌				
		If Yes, provide full details:									
Pro	pert	y Information									
5.	Doe	es the Applicant require Pro	perty Insurance?			Yes 🗌	No 🗌				
	If Y	es, complete Question #6	. <u>If No, move to Questic</u>	on #7 <u>.</u>							
6.	Complete for each location coverage is required:										
	Loc										
	(a)	Location same as Mailing	Address:			Yes 🗌	No 🗌				
		If No, provide full address:									
	(b)	Area Occupied:	sq. ft. Age of	Building:							
		Number of Stories:									
	(c)	Building type:  High									
		☐ Star									
	☐ Standalone ☐ Other:  Construction										
	(d)	☐ Fire Resistive	☐ Non-Combustible	☐ Masonry No	n-Combustible						
		☐ Joisted Masonry	Frame	Other:							
	Pro	Protection									
	(e)	Fire Protection: Hydrai	km 🔲 Unprote	otected (no hydrants)							
	(f)	Fire Alarm: None		Local	☐ Central	Station					
	(g)	Sprinklered:		No	☐ Partial:		<u>%</u>				
	(h)	Burglar Alarm:   None	Station								
Ins	uran	ce History and Loss Info	rmation								
7.	ls th	ne Applicant currently insu		Yes 🗌	No 🗌						
	If Y	es, please complete the fo									
		Coverage	Insurer	Expiry Date	Limit	Premiu	m				
8.	In ti										
	(a) (b) (c)	declined the Applicant's a refused to renew any insu- cancelled any CGL or Pro	Yes ☐ Yes ☐ Yes ☐	No 🗌 No 🗍 No 🗍							
		If Yes, provide full details:									

9.	Has	Yes 🗌	No 🗌					
	If Yes, provide the following details on a separate sheet:							
	(a)	Date of Occurrence						
	(b)	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.	ls t	ne Applicant aware of any other incidents which ma	y result in claims against you?	Yes 🗌	No 🗌			
If Yes, provide full details:								
Insu	ıran	erstood and agreed that this Application is provided ce Solutions insurance policy placed through Trisur ns concerning representations as made in the other	a Guarantee Insurance Company. It is s					
PLE	ASE	NOTE: COVERAGE CANNOT BE BOUND UNLE AND DULY SIGNED AND DATED.	ESS THIS APPLICATION HAS BEEN FU	JLLY COMP	LETED			
Applicant			Date					
Sigr	natui	е	Title					