Chesterfield Canada, Inc.
Wholesale Insurance Brokers

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LIABILITY SURVEY

Broker:

1. Full Name of All Insureds:

2. Names or Principals:

3. Mailing Address:

4. Business:
   a) Describe in full detail _____
   _____
   _____
   b) Obtain brochure:
   c) Any U.S. exposure? If so, describe: _____
   _____
   _____
   d) Any other foreign country exposure? If so, describe: _____
   _____
   _____

5. How many years in business?:

6.

Location of Premises	Fully describe operations at each location
_____	_____
_____	_____
_____	_____
_____	_____

7. Elevators – Escalators

Number	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are any of the above premises leased or rented in their entirety to others who control and operate the premises?

9. a) Detail fully area in which operations are conducted: _____
_____
_____
   b) Any U.S. exposure? _____ If yes, extent: _____
_____

10. Products manufactured, handled, sold and distributed – indicate type:

Type of Product	Annual Sales Canada	Annual Sales U.S.
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Detail fully and break down types of operations and work performed by Insured:

Operation	Payroll	Gross Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Contractual: List all lease agreements, railway siding agreements, etc.
(Obtain copies of agreements where possible)

_____
_____
_____

13. Contractor's Protective: Cost of Work Sub-Let

14. Are sub-contractors required to carry liability insurance? (_____) YES (_____) NO

15. Do you ask sub-contractors to submit liability certificates? (_____) YES (_____) NO

16. Do you enter into formal contractual agreements with your sub-contractor? (_____) YES (_____) NO
If so, do you include a Hold Harmless clause in your favour?
Submit copy of usual form.

17. a) Are all employees covered by Worker's Compensation? (_____) YES (_____) NO
b) If no,
1) Give number of employees not covered by Worker's Compensation _____
2) Actual payroll of these employees: _____

18. a) Is Employers Liability required? (_____) YES (_____) NO
b) Is Voluntary Compensation required? (_____) YES (_____) NO
If yes, indicate limit of liability: _____

19. Tenants Legal Liability***
a) Location of Premises: _____
b) Amount to be insured: _____
c) Is there a lease agreement? (If yes, obtain copy) (_____) YES (_____) NO

20. Is there any use of Radio Active materials? (_____) YES (_____) NO

21. Do you operate a hospital or employ a physician, surgeon or dentist? (_____) YES (_____) NO
If so, give details: Number of Doctors: _____ Number of Nurses: _____

22. Do you operate any aircraft or watercraft?*** (_____) YES (_____) NO

23. Do you charter, rent or lease any aircraft or watercraft?***	(_____) YES (_____) NO
24. Do you engage in any of the following operations?***	
Demolition or wrecking	(_____) YES (_____) NO
Shoring	(_____) YES (_____) NO
Underpinning	(_____) YES (_____) NO
Caisson work	(_____) YES (_____) NO
Excavation	(_____) YES (_____) NO
Use of explosives	(_____) YES (_____) NO
Raising or moving of buildings or structures	(_____) YES (_____) NO
Tunneling	(_____) YES (_____) NO

25. Details of operations involving the use of welding equipment, blow torches or other similar equipment away from premises owned, occupied or used by the Insured: _____
_____

26. Does the Forest Fires Prevention Act apply?	(_____) YES (_____) NO
27. Do you have special agreements with the Department of Lands and Forests?	(_____) YES (_____) NO

28. State limits liability required:

Each Occurrence: _____

Annual Aggregate: _____

29. Check coverage required:

Operations:	(_____) YES (_____) NO	Product and Completed Ops	(_____) YES (_____) NO
Contractors Protective:	(_____) YES (_____) NO	Owner's protective:	(_____) YES (_____) NO
Contractual (blanket):	(_____) YES (_____) NO	Occurrence Basis Property Damage	(_____) YES (_____) NO
Personal injury:	(_____) YES (_____) NO	Tenants Legal Liability:***	(_____) YES (_____) NO
Contingent Employer's Liability:	(_____) YES (_____) NO	Broad Form Property Damage:	(_____) YES (_____) NO
Non-owned Automobile:	(_____) YES (_____) NO	Employees as Additional Insured:	(_____) YES (_____) NO

30. Provide claims experience for last 5 years showing:

Date	Brief Details of Claim	Amount Paid	Amount Outstanding
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE:

** Watch policy exclusions and consider non-owned coverages: complete forms.

*** Some lease agreements make tenants fully responsible for damage. Liability assumed under such an agreement is not covered by Tenants Legal Liability policy as it is specifically excluded. Always obtain and review lease agreements.

DATE: _____ Signed by: _____