

TA FIRTH & SON LIMITED

COMMERCIAL GENERAL LIABILITY QUESTIONNAIRE

Phone Number: _____ Email: _____

Company Name: _____

Names of Principals: _____

Mailing Address for Each Location: _____

Description of Operations at Each Location: _____

Is there any installation, repair, construction etc. off- premises? Yes No

If yes, describe: _____

Years in Business: _____ Years of experience: _____

Qualification/Certification: _____

No. of full-time employees: _____ No. of part-time employees: _____

Details of any US exposure: _____

Do you enter into any contracts or agreements, written or assumed? Yes No

Is any work sub-let? Yes No

If yes, describe: _____

Gross Receipts: \$ _____

| Breakdown of Revenue by Operation | | |
|-----------------------------------|----------------|----------------------|
| Operation | Gross Receipts | Cost of Sub-let Work |
| | | |
| | | |
| | | |

Are subcontractors required to carry Liability Insurance? Yes No

Are certificates of insurance obtained from subcontractors? Yes No

What minimum limits are subcontractors required to carry? _____

Does the operation involve any of the following?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Land Clearing | <input type="checkbox"/> Rigging |
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Liquified Petroleum | <input type="checkbox"/> Shoring |
| <input type="checkbox"/> Caissons | <input type="checkbox"/> Logging | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> Dams | <input type="checkbox"/> Mining | <input type="checkbox"/> Structural Steel |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Oil Field Work | <input type="checkbox"/> Tunneling |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Oxy/Acetylene Gases | <input type="checkbox"/> Underground Tanks |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Underpinning |
| <input type="checkbox"/> Fabrication | <input type="checkbox"/> Propane | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Hot Tar | <input type="checkbox"/> Raising/Moving Buildings | |

Details: _____

Previous Insurer: _____ Policy Number: _____

Expiry Date: _____ Cancelled, declined, or refused renewal? Yes No

Details of any claims in the last 5 years: _____
