

# Commercial General Liability Insurance

## For Licensed Practical Nurses

Insured Name:

Mailing Address:

Phone Number:

Email address:

**Provincial Membership Current**  Yes  No

Are employees required to have current Membership status?  Yes  No Not Applicable – no employees

(i) Are any sales made or operations performed in the United States? If yes, give full details.

---



---



---

(ii) Are any sales made or operations performed outside of Canada or the US? If yes, give full details

---



---



---

<i>Location of all premises owned, rented, or controlled by Applicant</i>	<i>Part occupied by Applicant</i>	<i>Area in Sq. Ft.</i>	<i>Interest of Applicant in such premises (owner, tenant, etc.)</i>

**Operations:**

(a) Describe fully and break down the types of operations and work performed by the Applicant:

<i>Operations</i>	<i>Number of Employees</i>	<i>Estimated Annual Payroll</i>	<i>Estimated Gross Receipts for Coming Year</i>

Has any Insurer, to the knowledge of the applicant, previously cancelled, declined or refused to renew or issue liability insurance during the past three years? If so, please explain \_\_\_\_\_

Give details of all claims against the applicant during the past five years.

<i>Date of Accident</i>	<i>Amount Paid</i>	<i>Amount Outstanding</i>	<i>Details</i>

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

