

GENERAL INFORMATION

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Named Insured		
2. Mailing Address		
3. Website		
3a. Does your website accurately represent your current operations? If not, please explain.		
4. Number of years in business under this entity		
5. Number of years of industry experience performing this type of operation		
6. Kindly provide a Description of Operations – with percentage breakdown of each operation		
7. Do you have current insurance for this entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer:	Renewal Date:	
Target Premium:		
8. Do you perform work outside of Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
9. Are you licensed for the operations that you perform?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(if so, please list any licenses):		
10. Has the applicant used any other business name or license in the past 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the applicant currently own operate another business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		

EXPOSURE INFORMATION

	Gross Receipts	Payroll	Subcontracting Costs
Next 12 months (estimated)			
Last 12 months (actual)			
2 nd prior year			

12. Number of employees	
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WORK BREAKDOWN

Structural Work:	%		Cosmetic Work:	%	
	New Const.	Renovation		New Const.	Renovation
Residential	%	%	Institutional	%	%
Commercial	%	%	Industrial	%	%
TOTAL					100%
13. What percentage of your work is commercial?					
14. What percentage of your work is industrial?					
15. What percentage of your work is residential?					
Total 100%					
16. Do you use subcontractors? If Yes, please answer the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you collect certificates from all subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you confirm subcontractors have CGL limits in place that are equal or greater than your own?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a written contract with all subcontractors? (Please attach a copy of your subcontractor agreement)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the contract contain a hold harmless clause in your favour?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require all subcontractors to name you as an additional insured including Completed Operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. List or attach a list of your largest projects over the past 5 years, including a description of each.					
Project Description		Project Location		Value	
				\$	
				\$	
				\$	
				\$	
18. List or attach a list of your current projects, including a description of each.					
Project Description		Project Location		Value	
				\$	
				\$	
				\$	
				\$	

19. Please indicate the percentage of work performed by you and/or subcontracted:					
	Direct	Sub		Direct	Sub
Airport Runway Work	%	%	Masonry (Max. Height _____ stories)	%	%
Alarm System Work	%	%	Marine or Shipwright Work	%	%
Asbestos Work	%	%	Mold Remediation	%	%
Blasting or Pile Driving	%	%	Painting (incl. exterior spray)	%	%
Bridge Construction	%	%	Pipeline Construction	%	%
Building Raising or Moving	%	%	Plastering/Stucco (Max. height _____ stories)	%	%
Carpentry (Off Premises)	%	%	Plumbing (Max. height _____ stories)	%	%
Carpentry (On Premises)	%	%	Public Utilities	%	%
Cement & Concrete Work	%	%	Railroad Construction	%	%
Contractors Equipment Rental	%	%	Roofing	%	%
Dam Construction	%	%	Septic Tank Work	%	%
Debris Removal	%	%	Sewer, Steam Main, Water Main Work	%	%
Demolition or Wrecking (Structural)	%	%	Shaft Sinking	%	%
Dredging	%	%	Sign Installation (Max. height _____ stories)	%	%
Driveway, Parking Area Construction	%	%	Snow Removal	%	%
Electrical Work	%	%	Sprinkler Installation	%	%
Excavation	%	%	Steel Erection — Structural	%	%
Exterior Building Cleaning (Max. height _____ stories)	%	%	Structural Renovations	%	%
Fence Construction	%	%	Subway and Tunnel Work	%	%
Fire Extinguishing Equipment Servicing	%	%	Swimming Pool Work	%	%
Fireproofing	%	%	Terrazzo & Tilework (Max. height _____ stories)	%	%
Gas Main Work	%	%	Underground Tank Work	%	%
Glazier (Max. height _____ stories)	%	%	Underpinning	%	%
Highway & Road Work	%	%	Water Mains	%	%
HVAC (including Boiler work)	%	%	Waterproofing	%	%
Insulation	%	%	Welding/Hot Work	%	%
Irrigation/ Drainage	%	%	Windows and Doors (Max. height _____ stories)	%	%
Jetty, Pier, Dock, Levee, Breakwater Construction	%	%	Other:	%	%
TOTAL				100%	

Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.)

20. Do you do its own architectural design and engineering work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are all employees covered by Workers Compensation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do you have coverage under a Pollution policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you offer delivery services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24. What is the estimated annual Gross Revenue insured under CGL Wrap-Up policies?		\$
25. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
If retaining walls have or will be built, what is the maximum height?		ft.
26. What is the maximum number of stories that you will work at <u>if working on building exteriors</u> ?		
27. Do you perform any work below ground level?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage?	%	Maximum Depth ft.
28. Do you use scaffolding?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
29. Do you own, rent, or subcontract any cranes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and include if they are rented with or without operators:		
30. Do you do any exterior spray painting?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of operations would this represent?		%
31. Are you involved in any other operations/exposures that are not otherwise covered in this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
32. Do you have a formal safety program in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe or provide a copy:		

A minimum of (5) years of currently valued loss runs must be included with this completed application		
34. List any / all losses in the past 5 years, including a description		
Loss Description	Loss Date	Total Incurred
		\$
		\$
		\$
		\$

NOTICE TO APPLICANT. PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.

Applicant Name (Printed)

Applicant Title

Applicant Signature*
***ELECTRONIC SIGNATURE AND ACCEPTANCE**

Date

Producer Name (Printed)

Date

Producer Signature*
***ELECTRONIC SIGNATURE AND ACCEPTANCE**

*You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.