

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

RESTORATION AND REMEDIATION CONTRACTORS APPLICATION

Ge	neral Information						
1.	Name of Insured						
2.	Address			<u>-</u> -			
	City Prov		Postal Code				
3.	☐ Partnership ☐ Corporation ☐ Staffing: Total number of staff including	Number of years in business?					
	Break out personnel: Principals		Field Personnel	Part time			
	Supervisors/Foreman		Clerical/technical	Engineer	^S		
4.	Contact name and title						
5.	Phone	Fax		Email			
	Address for any other locations of branch offices or subsidiaries.						
7)	Provide details of all liability insurance of Name of Insurer	carried: Policy Lim	it Deductible	Period	Premium		
	Is renewal being offered? Yes	-	plain:				
8)	Claims History:						
	Any claims made involving mould, asbe	Yes No					
	Are you aware of any fact, circumstanc	e or situation wh	ich could have resulted	in a claim being made?	Yes No		

Commercial General Liability

	Work Done	Est. Gross Receipts	Sublet Costs		Work Done	Est. Gross Receipts	Sublet Costs	
a.	Janitorial (general clean-up)			g.	Flooring/Acoustic Tiling			
b.	Rug Cleaning			h.	Waterproofing/Sealing			
C.	Wall Washing			1.	Residential Building & Alterations			
d.	Rewiring			j.	Commercial Building & Alterations			
e.	Plastering/drywall			k.	Dry Cleaning			
f.	Painting/Wallpapering			I.	Drying/Dehumidification			
m.	Other:			n.	Other:			
Est	imated Total Receipts Sub-consultants/Sub-contr	actors: Do vou	subcontract a	- part	Total Sublet Costs of vour operations?	· ·	☐ Yes ☐ No	
	Sub-consultants/Sub-contractors: Do you subcontract a part of your operations? a. If yes, do you obtain certificates of insurance form your subcontracts? \[\] Yes \[\] No							
	 b. If yes, do you require the subcontractor's policies to add you as an additional insured? c. What are the minimum limits of liability you require of your subcontractors? 							
	o. What are the minimum limits of hability you require of your subcontractors?							
	General Liability \$							
2.	Loss History - Commercial General Liability - Losses in last 3 years							
En	vironmental Remediation L	_iability						
1.	Is your firm involved in the remediation/removal of:		Annual Gross Receipts		Annual Cost of Sublet			
	a. Mould	☐ Yes ☐ N	10	29		37-		
	b. Lead	☐ Yes ☐ N	10	(i)		元		
	c. Asbestos	☐ Yes ☐ N	lo	S-		3		
	d. Oil Spill Clean-Up	☐ Yes ☐ N	0			2		
				sht				
2.	Is any work carried on outs	side Canada?					☐ Yes ☐ No	
3.	Is an independent Environi discovery of the presence	rea se rea militale co-		Hygi	ienist hired and in control of the		tely upon Yes No	
4.	Are all operations carried of is being done?	n in conformit	y with the speci	fic p	rovincial regulations enacted in	the province	where work □ Yes □ No	

5.	Sub-consultants/Sub-contractors: Do you subcontract a part of your operations?			□ No				
	a. If yes, do you obtain certificate	es of insurance form your subcontracts?	☐ Yes	□ No				
	b. If yes, do you require the subd	contractor's policies to add you as an additional insured?	☐ Yes	□ No				
	c. What are the minimum limits o	of liability you require of your subcontractors?						
	Environmental Liability \$							
6.	Mould Remediation Operations.							
	Are all conditions that caused the	mould always corrected before you begin actual remediation work?	□Yes	□No				
7.	Procedures or protocol followed in the handling of:							
	a. Mould Yes No			-00.				
				- 15K				
	b. Asbestos Yes No							
	c. Lead Yes No			· · · · · · · · · · · · · · · · · · ·				
8.	Final Clearance On Site							
Ο.	Clearance criteria established be	fore remediation begins?	□ Ves	□No				
	Final clearance agreed to by mor	illoring Hygienist/Engineer?	<u> </u>	□ No				
bind	ding is ordered an inspection will	l does not constitute any insurance coverage. Please note that l be done. It is understood and agreed that any recommendation Il be given and a temporary change in terms and conditions cou	ns made	will be				
	Applicant's Signati	ure Date						