

## Contractors PLUS Insurance Application

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ o/a \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Location Address: (if different from mailing): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Desired effective date: \_\_\_\_\_ Target / Renewal Premium: \_\_\_\_\_

Previous insurance company: \_\_\_\_\_ Is renewal being offered: \_\_\_\_\_

Has any insurer cancelled, declined or refused you coverage?:  Yes  No Why? \_\_\_\_\_

5 year loss history: \_\_\_\_\_

\*\*Please attach additional information including status, gross amount paid, deductible & steps taken to prevent reoccurrence

**UNDERWRITING INFORMATION:**

Full Description of Business Operations: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Experience of the Insured: \_\_\_\_\_

Has the Insured ever operated under a different Name:  Yes  No Details: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Total Gross Revenues anticipated for upcoming year: \$ \_\_\_\_\_ Payroll: \$ \_\_\_\_\_

Please completed the following for all operations:

Breakdown of Operations:	Actual Gross Revenues for past 12 Months	Anticipated Gross Revenues for next 12 Months	% to sub-contractors

If any subcontracted work, does applicant request proof of liability insurance from all subcontractors:  Yes  No

Do you assume liability under any hold harmless agreements or contracts:  Yes  No Details: \_\_\_\_\_

Any rental or leasing of equipment to others:  Yes  No Details: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

All "yes" responses will require more information for our further consideration. Any \*\* may require a supplemental application.

Airport Premises**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marine / Dock	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oil & Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bridge Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Product Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Raising/Moving structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition/wrecking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roofing Work**	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spraying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excavation*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pest Control with use of heat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mining	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Welding on Premises**	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Snow Removal**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Welding off Premises**	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work on Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strata / Multi Family*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	USA or Foreign Exposure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinkler / Fire Suppression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restoration/Remediation**	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railway Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Road Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Drone / UAV**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work at heights (>4 storeys)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoring/Tunneling/Underpinning	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

\*If any excavation: please confirm maximum depth: \_\_\_\_\_ Feet

\*If any strata / multi family unit work, please provide revenue breakdown with respect to this: \_\_\_\_\_%

**LIABILITY LIMITS:**

CGL Limit Required: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Tenants Legal Liability Limit: \$ \_\_\_\_\_ Optional E&O Coverage Limit: \$ \_\_\_\_\_

NOA SPF 6. Limit: \$ \_\_\_\_\_ Other: \_\_\_\_\_: \$ \_\_\_\_\_

**PROPERTY COVERAGE:**

Limits Required:

Tools	\$
Contractors Equipment	\$
Other	\$

**\*Under our Contractors PLUS program, we have two exceptional property coverage options including up to \$25,000 Contractors Equipment & \$10,000 Tools, for great rates!**

This is available for certain qualifying classes only. Your Special Risk Underwriter will review the above and determine if this risk qualifies.

If higher limits of coverage are required or if any claims or losses in the past 5 years, a full property application may be needed to review further.

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_