

# TOTTEN GROUP

## I N S U R A N C E

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### CONTRACTORS APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other (Specify) \_\_\_\_\_

1. Business Name \_\_\_\_\_  
 Principal(s) \_\_\_\_\_  
 Subsidiaries, Partners and Joint Ventures \_\_\_\_\_

2. Mailing address \_\_\_\_\_  
 Website Address \_\_\_\_\_

3. Number of years in operation \_\_\_\_\_ Number of years experience \_\_\_\_\_  
 If new operation/company describe work experience of the principals \_\_\_\_\_

4. Claims History – Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence and Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No

If yes, please give details \_\_\_\_\_

5. Does applicant presently carry insurance?  Yes  No

If yes, who is present insurer? \_\_\_\_\_ Premium \_\_\_\_\_ Limit \_\_\_\_\_

Current expiry date? \_\_\_\_\_ Expiring Premium \_\_\_\_\_ Renewal Premium \_\_\_\_\_

Is present insurance Claims Made?  Yes  No If Yes, state retro date \_\_\_\_\_

Are they willing to renew?  Yes  No If no, please explain \_\_\_\_\_

Does the policy cover all operations of the Insured?  Yes  No

If no, please describe \_\_\_\_\_



LIABILITY INFORMATION

6. Operations

Full Description of Each Operation	Gross Receipts (including subcontractors)		
	Estimate Next Year	Current Year	Prior Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. % U.S. \_\_\_\_\_ % Foreign \_\_\_\_\_ Details \_\_\_\_\_

8. Area of Operation: \_\_\_\_\_

9. Foreign Operations - Does Insured have any U.S. or other foreign sales or operations? If yes, please supply:  Yes  No

Sales to	Gross Receipts	Description of Work/Product
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Do you anticipate in entering other operation during the term?  Yes  No

If yes, please explain \_\_\_\_\_

11. Does the Insured engage in any of the following operations:

- Caisson  Excavation  Plumbing  Tunneling
- Cranes, use of  Explosives/blasting  Raising or moving  Underpinning
- Demolition or wrecking  Pile driving  Shoring  Welding or cutting
- Other \_\_\_\_\_

12. Any operations conducted at other owned or leased premises?  Yes  No

13. Any installation or repairs performed away from premises? If yes, describe \_\_\_\_\_  Yes  No

14. Territorial range of operations \_\_\_\_\_

15. Describe the average size of job undertaken by the Applicant \_\_\_\_\_

16. Describe the largest job undertaken by the Applicant \_\_\_\_\_

17. Confirm all operations are carried out in conformity with Standard Industry Practice \_\_\_\_\_

18. Employees # Full time \_\_\_\_\_ # Part time \_\_\_\_\_ # Clerical \_\_\_\_\_ Payroll \_\_\_\_\_

19. Are all employees covered under WSIB?  Yes  No

If no, provide details split between different types of occupation /number of employees/payroll \_\_\_\_\_



20. **Subcontractors** Work Sublet?  Yes  No If "yes", estimated receipts \_\_\_\_\_

21. Describe work performed for Applicant by sub-contractors \_\_\_\_\_

22. Is a formal contractual agreement entered into with sub-contractors?  Yes  No

If Yes, is a hold harmless in your favour? (If Yes, submit a copy of the usual contract form, if possible)  Yes  No

23. Is any work covered under Wrap?  Yes  No If "yes", estimated receipts \_\_\_\_\_

24. Are "Certificates of Insurance" obtained from all subcontractors?  Yes  No

25. **Non-Owned Automobile** - Provide details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply?  
\_\_\_\_\_

26. Is there an automobile policy covering these vehicles?  Yes  No

27. Number of employees using their automobile on company business Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

28. Estimated annual cost of hired automobiles \$ \_\_\_\_\_

29. Estimated annual cost of automobiles operated under contract \$ \_\_\_\_\_

Please provide details \_\_\_\_\_

30. **Watercraft** - Is there any owned or non-owned watercraft exposure or ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant?  Yes  No

If yes, please describe \_\_\_\_\_

31. **Aircraft** – Does the Insured do any work on airport Premises?  Yes  No

Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on behalf of the Applicant?  Yes  No

32. **Professionals** - Are there any Architects, Engineers, Consultants or similar professionals on staff?  Yes  No

If yes, please describe \_\_\_\_\_

33. If consultants involved in connection with Applicant's operations, please identify their type of work \_\_\_\_\_

Does the Insured do any design work?  Yes  No

Describe the qualifications of any staff doing design work \_\_\_\_\_

Is Errors & Omissions cover carried by any designers/consultants?  Yes  No

If yes, list and state purpose

Name

In Connection With

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. Is an Umbrella or Excess Policy required?  Yes  No

If an Excess policy is required, please state the total limits required \_\_\_\_\_

If an Umbrella policy is required, please complete an Umbrella application.

35. Brochures  Attached  To Follow

36. Current Limit \_\_\_\_\_  Occurrence Form  Claims Made Form

37. Current Deductible \_\_\_\_\_  PD  BI & PD  PD (Per Claimant)  BI & PD (Per Claimant)



**BROKER DECLARATION**

**Each and every question must be answered by the Broker and/or Account Executive.**

Is this account NEW to your office?  Yes  No Is the operation financially sound?  Yes  No

If no, how long have you known the applicant? \_\_\_\_\_ Do you recommend this applicant in every respect?  Yes  No

Other Markets approached \_\_\_\_\_

**Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.**

\_\_\_\_\_  
\_\_\_\_\_

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
(Position in Organization)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Broker)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Complete Name and Address of Insurance Brokerage**

**Broker Email Address:** \_\_\_\_\_