

RESTORATION CONTRACTOR APPLICATION

(For Fire & Water Restoration Including Mould Remediation & Oil Spill Clean Up)

PLEASE ANSWER ALL QUESTIONS IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1.	Name of Applicant:									
2.	. Mailing Address:									
	Web	osite Address:								
3.	3. Description of Operations:									
4.	4. Applicant's years of experience in this business:									
					_					
5.	Con	tracting Operat	ions & Related	Revenue:						
Environmental Revenue Past 12 Revenue Next % to				% to be	General		Revenue Past 12	Revenue Next	% to be	
Contracting		ntracting	Months	12 Months	Sublet	Contracting		Months	12 Months	Sublet
		Set-up/take down				General Construction				
Asbestos	tos	Actual removal				Demolition	Interior			
		Hauling				Fusevieties	Exterior			
Mould		Actual remediation Hauling				Excavation Roofing				
Lead Remov						Electrical				
Fire &	Water	r Restoration				HVAC / Mechanical				
Re-insulation						Insulation				
Emergency Hazardous Material Clean-Up		Hazardous Material				Painting				
Hauling of Waste / Liquids		Vaste / Liquids				Plumbing				
Services for Tanks and Associated Piping						Street and Road Construction				
Remediation (Contaminated Soil, Oil Clean-up, Other Waste)						Janitorial				
Other (Explain)		ain)				Waterproofing/Sealing				
Other (Explain)		ain)				Other (Explain)				
Total Environmental Contracting						Total General				
Contr	actin	g				Contracting	9			
6.	6. Are any contracting operations outside Canada? Yes No								No	
7. Does any one customer represent more than 25% of the Applicant's total revenue: Yes No										
•										

8.	Plea	se indicat	te limit(s) of liabilit	ty required:	CGL Limits:	\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000	CPL Limits:	\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000
9.	a)	Indicate	e certifications that	have been co	mpleted by the A	pplicant (attach o	certification):	_
		Asbest	os Certification:	Yes	No	Mou	ld Certification:	Yes No
	b)	List othe	er certifications, co	ourses, semina	rs, etc. that the p	orincipals and sup	ervisory staff have	e completed:
10.	a)	Does the	e Applicant have s	tandard opera	ting procedures?	(If Yes, attach co	ру)	Yes No
b) Is evidence of pollution liability insurance obtained from all subcontractors? If Yes, what limit of insurance is required?							Yes No	
c) Is evidence of general liability insurance obtained from all subcontractors? If Yes, what limit of insurance is required? Yes						Yes No		
	d)	Does the	e Applicant require	e a written con	ntract with its sub	contractors?		Yes No
	e)	Do the of favour?	contracts contain h	old harmless	and indemnificati	on provisions in t	he Applicant's	Yes No
		If No, or	r if contracts are n n hold harmless ar ractors:	ot used in all on all of indemnifica	circumstances, ex tion requirements	plain the Applica s for work done b	nt's company y	
11.	Con	firm air m	nonitoring will be o	carried out by indicate length	a consultant at al n of time records	l job sites will be maintained	d:	Yes No
12.	Plea	se provid	le Applicant's curre	ent coverage d	letails in the char	t below:		
	Cove	erage	Insurer	Limits	Deductible/SIR	Policy Term	Retro-date	Premium
13.	13. Indicate the number of owned/leased vehicles Trucks: 0				ther:			
	(Attach vehicle list and provide details of primary automobile policy, i.e., insurer, policy number and limit)						nd limit)	
14.	Has the Applicant received any Notice of Violations, fines, penalties, complaints or enforcement actions regarding compliance in the past 5 years? If Yes, provide details:							
15.	Has the Applicant been involved in any pollution or general liability related incidents in the past Yes No 5 years? If Yes, provide details:							
16.	circu	umstance	of signing this Applies which may reaso de details:	ication, are yo onably be expe	ou, the Applicant, ected to give rise	aware of any fact to a claim agains	ts or t you?	Yes No

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized repr	esentative)	Date	
SUBMITTED BY:			
EMAIL:			
			<u>-</u>

For contact information visit:

www.markelinternational.ca