



## CONTRACTORS APPLICATION

**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:** \_\_\_\_\_

\_\_\_\_\_ Website Address: \_\_\_\_\_

3. Please give **COMPLETE** description of the Applicant's operations:

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

4. How long has the Applicant been in business? \_\_\_\_\_

Describe Applicant's experience in this business: \_\_\_\_\_

\_\_\_\_\_

5. Please advise total gross receipts/revenue from all operations: \_\_\_\_\_

a) Work you do on your premises for customers: \_\_\_\_\_

b) Work performed away from your premises: \_\_\_\_\_

c) Work performed outside of Canada \_\_\_\_\_

d) Other (*e.g. sale of goods or parts, pls. describe*) \_\_\_\_\_

\_\_\_\_\_ Total: \_\_\_\_\_

Cost of Sub-let work included in above: \_\_\_\_\_

6. If any of the following operations are conducted, give extent:

Wrecking or Demolition: \_\_\_\_\_ %  
Underpinning: \_\_\_\_\_ %  
Excavation: \_\_\_\_\_ %  
Logging: \_\_\_\_\_ %

Off-Premises Welding: \_\_\_\_\_ %  
Blasting: \_\_\_\_\_ %  
Pile-Driving: \_\_\_\_\_ %

7. Are all employees covered under WSIB?

Yes  No

If No, please list numbers by job description and estimated payroll:

Job Description	Payroll
_____	_____
_____	_____
_____	_____

Total payroll: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

8. Territorial range of operations:

\_\_\_\_\_

Describe the average size of job undertaken by the Applicant:

\_\_\_\_\_

Describe the largest job undertaken by the Applicant:

\_\_\_\_\_

\_\_\_\_\_

9. Confirm all operations are carried out in conformity with Standard Industry Practice:

\_\_\_\_\_

\_\_\_\_\_

10. Describe work performed for Applicant by sub-contractors:

\_\_\_\_\_

\_\_\_\_\_

11. Is evidence of Liability Insurance obtained from all sub-contractors?  Yes  No  
If No, please explain:

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If Yes, please advise what limits they are required to provide: \_\_\_\_\_

12. a) If consultants involved in connection with Applicant's operations, please identify their type of work:

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b) Does the Insured do any design work?  Yes  No

c) Describe the qualifications of any staff doing design work:

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

13. List courses, seminars, etc., that the principals and supervisory staff have completed:

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14. What instructions will be given to new employees?

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15. If consultants involved in connection with Applicant's operations, please identify their type of work:

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16. Describe any Contractual Agreements where you assume the liability of another party (except lease of premises, easement, or side-track agreements):

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17. Does applicant presently carry insurance?  Yes  No

If yes, who is present insurer \_\_\_\_\_

Premium: \_\_\_\_\_

Limit: \_\_\_\_\_

Is the 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: \_\_\_\_\_

**18. Claims History**

Include total costs from ground up for each claim, whether Insured or not, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

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

If Yes, give details: \_\_\_\_\_

**19. Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of:

hired cars \_\_\_\_\_ cars operated under contract \_\_\_\_\_

*(Please provide details):*

20. **Accident Prevention and First Aid**

First Aid Post:

Doctors: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Nurses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed?  Yes  No

21. Please indicate limit(s) of liability required: \_\_\_\_\_

**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 representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**