

TRADES & CONTRACTORS APPLICATION

BROKER INFORMATION: BROKER INFORMATION:

Name: _____ Contact: _____
 Address: _____ City: _____ Postal Code: _____
 For renewal policy number: _____

GENERAL INFORMATION

Applicant's Name: _____
 Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
 Year Company established: _____ Years of experience? _____
 Has applicant had any losses in last 5 years? Yes No
 If yes, list or attach separate document: _____
 Is the applicant aware of any circumstances, fact, or situation that might result in a claim being made against the applicant or any other person or entity for whom coverage is being sought? Yes No
 If YES, describe: _____
 Current Insurer and Policy Number: _____
 Company Structure: Individual Corporation Partnership General Contractor Subcontractor Other \$ _____
 Number of Employees: _____ Are all Employees covered by W.C.B.? YES NO
 If NO, please explain: _____
 Are any Casual/Unskilled Labor employed? YES NO
 If YES, please explain: _____
 Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for? YES NO
 If YES, explain: _____
 Has the applicant ever operated under a different name? YES NO
 If YES, provide name(s): _____
 Have there been any claims against these entities? YES NO
 If YES, provide details: _____

LIABILITY COVERAGE INFORMATION - mandatory completion

Does your Applicant enter into formal contractual agreements with subcontractors? YES NO
 If yes, does the Applicant require being added as an additional Insured to the sub's GL? YES NO
 If yes, does the Applicant require being added as an additional Insured to the sub's CPL? YES NO
 Do you require proof of insurance from sub-contractors before they commence work? YES NO
 Details of minimum insurance requirements (i.e. limits, coverages): _____
 Are all sub-contractors employees under W.C.B or any other form of Workers' Comp.? YES NO
 Do you always use a written contract with clients? YES NO
 If "NO", please fully describe the terms under which work is accepted: _____
 Has your standard contract with clients been approved by legal counsel? YES NO
 Do you deviate from your standard contract? YES NO
 If YES, Who approves any variation on the wording & what type of changes? _____
 Do you assume liability under any hold harmless agreements or contracts? YES NO
 If YES, please state nature of these: _____
 Please list the industry/trade associations that the Applicant belongs to: _____
 Does the applicant have locations or operations and/or plans to operate in the US or abroad? YES NO

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If YES, explain: _____

Description of Operations	Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sublet

What percentage of the operations are:

Rural: _____ % Urban*: _____ % Commercial: _____ % Residential: _____ %

What percentage of work done under wrap-up? _____ %

*(Urban mean communities and locations located within 75km of city with a population base of 500,000 and up)

Work done under wrap-up: _____ %

Is any work carried out for any of following:

- Blasting Logging Mining Logging or Lumbering Structural Steel Dams Raising or Moving Buildings
- Tunneling Wrecking Shoring/Underpinning Caissons Pile Driving Welding onsite Welding offsite Gas Work
- Excavating Bridging Use of Explosives Land Clearing Open fire work Oil Production Facility Natural Gas Facility
- Rigging Demolition Roofing

If checked any boxes above please provide full details as we may require supplemental forms filled which are available on our website

Insurance Required: _____

Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____

Deductible required: \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

Existing Coverage, describe: _____

NOA- SPF No. 6: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____

SEF 94: \$25,000 \$50,000 **Tenants Legal Liability:** \$500,000 \$1,000,000 \$2,000,000

Medical Expenses: \$10,000 \$25,000

Employee Benefits: \$1,000,000 \$2,000,000 \$5,000,000 Other:\$ _____

Fire Fighting Expenses: \$500,000 \$1,000,000

Pollution Exposures:

Is work performed at contaminated sites: YES NO

If YES, explain: _____

Do you perform any welding and or cutting operations? YES NO

If YES, describe such: _____

Do your operations include any handling of Radioactive Materials? YES NO

If YES, explain: _____

Do you have any large outside tanks or below ground tanks on premises owned leased occupied or controlled by you?

If YES, explain: _____

Please feel free to contact us who assist with regards to providing you with appropriate Pollution coverage

Errors and Omissions Exposures

Do you have any on staff professionals (architects/engineers/surveyors)? YES NO

Do they perform original design on projects? YES NO

Do the on staff professionals carry E&O? YES NO

Please feel free to contact us who with regards to may assist in providing you with appropriate Professional Liability coverage

Builders Risk Exposures

Do you have any upcoming Scheduled Builders Risk Projects YES NO

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If YES, please feel free to contact Underwriter who may assist in providing you with appropriate Builder's Risk Coverage

CONTRACTORS EQUIPMENT AND TOOLS FLOATER - complete this section only if specific coverage is required

Actual cash value of equipment* over 3 years old: _____

Replacement cost of equipment* less than 3 years old: _____

Tools (ACV): _____

Tools (RC): _____

*(Any piece of equipment or tool with a value of \$850 or less should be included under tools)

Newly Acquired Contractors Equipment/Tools Total Limit Required \$ _____ policy includes \$50,000

Rental Reimbursement \$ _____ Total Limit Required \$ _____ policy includes \$10,000 maximum per day \$2,500

Gross Earnings \$ _____ Total Limit Required \$ _____

Debris Removal \$ _____ Total Limit Required \$ _____ policy includes \$50,000

Property of Others Blanket Limit \$ _____ Total Limit Required \$ _____ sublimit provided \$25,000

Is any of your equipment protected by tracking devices e.g. global positioning system? YES NO

Do you service/overhaul your equipment on a regular basis subject to manufacturer's guidelines? YES NO

If NO, please explain: _____

Do you lease or rent any tools or equipment to others with or without an operator? YES NO

If YES, provide details: _____

Do you lease or rent any tools or equipment from others with or without an operator? YES NO

If YES, provide details: _____

Catastrophic Limit Required: \$ _____

Equipment Storage location: _____

Maximum value of equipment and tools stored inside any one building: \$ _____

Do you have a repair and service facility to conduct own equipment repairs? YES NO

If YES, provide details: _____

DESCRIPTION OF PROPERTY TO BE INSURED

- please supply detailed sheet for all equipment and tools with a per item value of \$850 or more

ITEM	DESCRIPTION	MANUFACTURER AND SERIAL NO.	AMOUNT

INSTALLATION FLOATER

Type of property installed: _____

Do you install or hire or sub-contractor to perform installations: _____

Installation Floater Limit Required: \$ _____

Installation Normally Inside Building Outside Building

Number of jobs in progress at any one time: _____ Average: _____ Maximum: _____

Average number of days to complete any one installation: _____

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Estimated Annual Receipts: \$ _____

Maximum Value of Property at any one location: Average: \$ _____ Maximum: \$ _____

Maximum Value in any one transit: \$ _____ Average duration of any one trip: _____

Method of transportation of property to be installed: _____

OWN or CARRIER** _____

**Please feel free to contact a Towerhill Underwriter who may assist in providing you with appropriate Transportation Coverage

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and

disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name: _____ Position Held: _____

Applicant's Signature: _____ Date: _____

Towerhill Insurance Underwriters Inc. o/a Excess Underwriting is a Managing Underwriting Agent and a Coverholder at Lloyd's. The underwriting insurance carriers are various underwriters at Lloyd's of London.