



**GROUPONE INSURANCE SERVICES**

50 Leek Crescent, Suite 101, Richmond Hill, ON L4B 4J3  
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**www.grouponeis.com**

**GENERAL CONTRACTOR LIABILITY APPLICATION**

**BROKERAGE:**

Broker contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURED:**     Individual     Partnership     Corporation     Joint Venture

Full Legal Name of Applicant: \_\_\_\_\_  
 Operating Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Risk Location: \_\_\_\_\_  
 Principal Owner(s): \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Has the principal or any active partner filed for bankruptcy?     Yes     No    If yes, provide details: \_\_\_\_\_

Insured is:     Owner     Tenant    Landlord's Name & Address: \_\_\_\_\_

Is the landlord to be added as an additional Insured on binding?     Yes     No

Loss Payee / Mortgagee / Additional Insured (include name & address):

1.

2.

**INSURANCE EXPERIENCE:**     New Business     Renewal

Existing Insurer: \_\_\_\_\_ Target Premium Required: \_\_\_\_\_

Renewal Offered:  Yes     No    If not, why? \_\_\_\_\_

Have you had any insurance refused or cancelled within the past 5 years?     Yes     No

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

**LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:**

| Date of Loss | Details of Loss | Amount Paid/Reserve | Open/Closed |
|--------------|-----------------|---------------------|-------------|
|              |                 |                     |             |
|              |                 |                     |             |
|              |                 |                     |             |

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

**GENERAL INFORMATION:**

Full Description of Business Operations including those operations not at this location: \_\_\_\_\_

Are these operations insured elsewhere: \_\_\_\_\_

Number of years business established: \_\_\_\_\_

Describe experience of key personnel: \_\_\_\_\_

Total years of experience in similar / related business: \_\_\_\_\_

Is the owner involved in the day-to-day operation? Yes No

If no, please provide details: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Annual Payroll: \_\_\_\_\_

Are all of the employees covered by Worker's Compensation? Yes No

If no, please provide details: \_\_\_\_\_

**GROSS RECEIPTS DECLARATION:**

| Operations             | Annual Gross Receipt | Projected Gross Receipt |
|------------------------|----------------------|-------------------------|
|                        | \$                   | \$                      |
|                        | \$                   | \$                      |
|                        | \$                   | \$                      |
|                        | \$                   | \$                      |
|                        | \$                   | \$                      |
|                        | \$                   | \$                      |
| <b>Total Receipts:</b> | \$                   | \$                      |

Please list and describe 3 of the most recent largest contracts completed, including the contract price:

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have any U.S. Sales or Foreign Exposure (Past, Present, Future)? Yes No

If yes, explain and list percentage of each country: \_\_\_\_\_

Does the applicant provide any U.S. Installation (Past, Present, Future)? Yes No

If yes, explain and list percentage of each country: \_\_\_\_\_

Does the applicant plan on entering or expanding into new operations during the next 12 months? Yes No

If yes, explain: \_\_\_\_\_

Does the applicant use radioactive materials? Yes NoDoes the applicant's operation involve the use of any flammable/poisonous material? Yes NoDoes the applicant have any special agreements with Government Agencies? Yes No

Please provide details of operations involving the use of welding equipment or other similar equipment:

Does Forest Fire Protection Act apply? Yes No

Do you have special agreements with Department of Lands and Forest? Yes No

Does the applicant rent or lease mechanical equipment to or from others? Yes No

Are there any know contractual obligations where the applicant has to provide insurance on behalf of another or hold another harmless? Yes No

If yes, explain: \_\_\_\_\_

Does the applicant engage in any of the following operations? Yes No

Raising or moving of buildings or structures: Yes No

Airport Premises Yes No

Insulation (Install/Remove) Yes No

Bridge Work Yes No

Cranes Yes No

Demolition or Wrecking Yes No

Drilling Yes No

Excavation – Depth \_\_\_\_\_ Yes No

Use of Explosives Yes No

Propane Work Yes No

Roofing Work Yes No

Ship or Docks Yes No

Shoring/Tunneling/Underpinning Yes No

Spraying (Paint) Yes No

Spraying (Pesticides) Yes No

Spraying (Pressure Washing) Yes No

Swimming Pool Work Yes No

Welding (Off Premises) Yes No

Welding (On Premises) Yes No

Caisson Work Yes No

Describe in detail: \_\_\_\_\_

Is there any owned or non-owned watercraft exposure by the way of ownership, maintenance, use or operation of any watercraft by or on behalf of the applicant? Yes No

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

Please provide details of any unlicensed automobiles or specific automobiles for which compulsory insurance does not apply:

Do any employees regularly drive their own vehicles on company business? Yes No

If yes, explain: \_\_\_\_\_

Does the applicant do any work on aircraft premises? Yes No

If yes, explain: \_\_\_\_\_

Please provide any additional information which may not have been addressed in the application but is pertinent information in respect to the risk:

**INDEPENDENT SUB-CONTRACTORS:**

Does the applicant sub-contract work? Yes No If yes, percentage of work: \_\_\_\_\_

Describe: \_\_\_\_\_

Are sub-contractors required to carry liability insurance? Yes No If yes, minimum limits required: \_\_\_\_\_

Does the applicant obtain Certificates of Insurance from sub-contractors? Yes No

Are you added as an Additional Insured to their policy? Yes No

Please provide an estimate of cost/work given to independent sub-contractors:

Repair & Maintenance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**LIMITS OF INSURANCE**

| Coverage:–  | Deductible | Limit of Insurance |
|---|------------|--------------------|
| Liability – Occurrence Form – <input type="checkbox"/> CGL <input type="checkbox"/> OLT |            | \$                 |
| Tenants Legal Liability   |            | \$                 |
| Non-Owned Automobile  |            | \$                 |
| Other Coverage  |            | \$                 |
|   |            |                    |
|   |            |                    |

**BROKER DECLARATION**

Is this account NEW to your office? Yes No If no, how long have you known the applicant? \_\_\_\_\_

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: \_\_\_\_\_

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 Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Broker/Producer & Brokerage: \_\_\_\_\_

**DISCLAIMER**

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
  - a) Provides false or erroneous information to the prejudice of the insurer; or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured willfully makes a false statement in respect of a claim under the Contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_