

1847 W. Broadway, Vancouver, BC, V6J 1Y6

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## CONTRACTORS LIABILITY UNDERWRITING QUESTIONNAIRE

gent /Broker:	
Applicant:	
Address:	
a) Describe Applicant's main line of work:	
o) Other Operations:	
a) Number of years in Business:	
o) Number of years of experience in this type of business by:	
1. Applicant: 2. Key Employees:	
c) Licensed as:	
Area of Operations:	
Are there any operations performed outside Canada? No Yes	
If yes, refer to Company:	
Percentage of work which is a) Residential% b) Commercial% c) Industrial_	
Liaborate on the commercial/industrial work done by the Applicant .	
Number of Employees: a) Full Time b) Part Time c) Seasonal	
Are all employees (including contact employees) covered by workers compensation? <b>Yes</b> If no, provide split between different types of occupation/number of employees/payroll	No

		Actual Receipts	Estimated Annual	Estimated	Dovroll
Description of Operation		Past 12 Months	Next 12 Months	Next 12 N	
) Danaantana anlit of m		On Browing	0/ Off Drawings	0/	
) Percentage split of r	evenue:	On Premises	S% Off Premises	%	
New Home Construc	tion: Nu	mber of new hom	e starts for current term:		
) Panavation Wark: \$					
) Renovation Work: \$_					
work sub-let by the A	\pplicant	to independent c	ontractors? No Yes		
			1 1 40 4		
Work is sub-lat (#11)	what is t	the cost of work s	IID-IATZ &		
Work is sub-let (#11),	what is t	the cost of work s	ub-let? \$		
			ub-let? \$		
	k sub-let	t (detail):	surance from these		
Describe type of wor	k sub-let	t (detail):			
Describe type of wor	k sub-let	t (detail):	surance from these		
Describe type of wor	equest p	t (detail):	surance from these Ye	es	
Describe type of wor	equest p	t (detail):	surance from these	es	
Describe type of wor	equest p	t (detail):	surance from these Ye	es	
Describe type of wor	request p	oroof of liability in	surance from these Ye	es	
Describe type of wor Does the Applicant r sub-contractors?	request p	oroof of liability in	surance from these Ye	es	No
Describe type of wor Does the Applicant r sub-contractors? If yes, what limit is re	request pequested	oroof of liability in	surance from these Ye	es	No.
Describe type of word Does the Applicant results sub-contractors?  If yes, what limit is resulted the Applicant engones the Applicant engones.	request pequested age in ar	oroof of liability in	surance from these Ye  g operations?  Dams Pile Driving Raising or Moving of Buildings &	<b>es</b> Yes	No
Describe type of word  Does the Applicant results sub-contractors?  If yes, what limit is resulted to the Applicant engular type of type of the Applicant engular type of	request pequested age in ar	oroof of liability in  ory of the following  No  No	surance from these Ye  g operations?  Dams Pile Driving	Yes Yes Yes Yes	<b>N</b> o
Describe type of word  Does the Applicant resub-contractors?  If yes, what limit is resupe the Applicant engular type the Applicant engular type the Applicant engular type the Applicant engular type type the Applicant engular type type type type type type type type	request pequested age in ar	ny of the following  No No No No No No	surance from these Ye  g operations?  Dams Pile Driving Raising or Moving of Buildings &	Yes Yes Yes Yes	No.
Does the Applicant resub-contractors?  If yes, what limit is resubes the Applicant engular ports, work done at Blasting Caisson Work Cranes, use of	requested age in ar Yes Yes Yes Yes	oroof of liability in  No No No No No No No No No	surance from these Ye  g operations?  Dams Pile Driving Raising or Moving of Buildings & Structures	Yes Yes Yes Yes Yes Yes	<b>No</b>
Does the Applicant resub-contractors?  If yes, what limit is resubes the Applicant engular of th	request prequested age in arrayes Yes Yes Yes Yes Yes Yes Yes Yes	ny of the following No	surance from these  Ye  g operations?  Dams Pile Driving Raising or Moving of Buildings & Structures Roofing	Yes Yes Yes Yes	<b>No</b>
Does the Applicant resub-contractors?  If yes, what limit is resubes the Applicant engones the Applicant engon	request pequested age in arrayes Yes Yes Yes Yes Yes Yes	ny of the following  No	surance from these  Ye  g operations?  Dams Pile Driving Raising or Moving of Buildings & Structures Roofing Shoring	Yes Yes Yes Yes Yes Yes	No.
Describe type of work  Does the Applicant resub-contractors?  If yes, what limit is resubted to the Applicant engular type of type of the Applicant engular type of	requested age in ar Yes	ny of the following  No	surance from these  g operations?  Dams Pile Driving Raising or Moving of Buildings & Structures Roofing Shoring Tunneling	Yes Yes Yes Yes Yes Yes Yes Yes	No No

Are there any hol	ld harmless	agreements?	Yes No				
If yes, explain							
Does Applicant r	ent or lease	equipment to ot	hers? Yes	No			
If yes, give details and state revenues							
With Operator?	Yes	No	Without Operator?	Yes	No		
Does Applicant l	Yes	No					
Does Applicant l	Yes	No					
		9	ago laomity .	103	110		
Is any work carri exploration or pr		y oil or natural g	-	Yes	No		
exploration or pr	ocessing fac	y oil or natural g cility?	-	Yes			
exploration or pr	ocessing fac	y oil or natural g cility?	as production,	Yes	No		
exploration or pr	ocessing fac	y oil or natural g cility? Yes	as production,	Yes	No		
exploration or professional life yes, give details list any gas line was Are gas hook-up	ocessing faces ork done? s from the m	y oil or natural g cility? Yes neter in only?	as production,	Yes	No		
exploration or professional language of the la	ocessing faces  ork done?  s from the management operation be	y oil or natural g cility?  Yes neter in only? een discontinue	No Please Explain	Yes Yes Yes	No No No		
exploration or professional line where gas hook-up than any work or	ocessing faces  ork done?  s from the management operation be	y oil or natural g cility?  Yes neter in only? een discontinue	No Please Explain	Yes Yes Yes	No No No		
exploration or professional language of the la	ocessing faces  ork done?  s from the management operation be	y oil or natural g cility?  Yes neter in only? een discontinue	No Please Explain	Yes Yes Yes	No No No		
exploration or professional line where gas hook-up has any work or	ocessing faces ork done? s from the management operation because a second control of the control	y oil or natural g cility?  Yes  neter in only? een discontinue the most recent	No Please Explaind during the past 5 years?	Yes Yes Yes	No No No		

18. Provide details of any liability claims in the last 5 years (see table next page)

Date of Loss		Cause of Loss		Amount Paid		Amount Outstanding
19.	Provide details of a	all liability insura	nce carried			
	Carrier	Limit	Deductib	le	Premium	Policy Period
20.	Payroll Lir	nits of required \$	<u>;</u>	. Dec	ductible \$	
	•	•				
De	claration					
	y have provided per					•
cred	it information and cl	aims history. I auth	norize my broke	er or insu	rance company to	
polic		al information, for t	he purpose of o	communi	cating with me, ass	essing my application
busi		m that all individua	als whose perso			ng fraud, and analyzing d in this document have
	tify that all statemer rance based upon th			omplete a	and accurate and ap	oply for a contract of
Con	npleted By				Date	
Insu	ıred's Signature					

## CONTRACTORS EQUIPMENT SUPPLEMENT

1.	Location(s) where equipment is kept when not in use and approximate value of equipment there:						
	Location 1						
	Average Value	e \$		Maxim	num Value	\$	
	Location 2	•					
	Average Value	e \$		Maxim	num Value	\$	
2.	Territory where equipment is generally used and type of terrain:						
3.	Does applicar	nt have	acilities for repairin	g and servicing	g own equi	pment? F	Provide details:
4.	Is equipment	serviced	l and overhauled or	n a regular bas	sis?	Ye	s No
	Details of mai	intenand	e program:				
5.	Maximum value of equipment inside a building: \$						
6.	Does applicant ever rent or loan equipment? If so, is a written agreement for safe return						
	obtained?						
7.	Previous Insurer:						
8.	Any losses/claims in past 5 years? Give details and amounts.						
	Date Nature of Loss Amount						
	\$						
						\$	
						\$	
	\$						
						\$	

List all equipment including year, make model (including complete details of attachment) and serial numbers