

CONTRACTORS LIABILITY UNDERWRITING QUESTIONNAIRE

Agent /Broker: _____

1. Applicant: _____

2. Address: _____

3. a) Describe Applicant's main line of work: _____

b) Other Operations: _____

4. a) Number of years in Business: _____

b) Number of years of experience in this type of business by:

1. Applicant: _____ 2. Key Employees: _____

c) Licensed as: _____

5. Area of Operations: _____

6. Are there any operations performed outside Canada? No Yes

If yes, refer to Company: _____

7. Percentage of work which is a) Residential ____% b) Commercial ____% c) Industrial ____%

Elaborate on the commercial/industrial work done by the Applicant : _____

8. Number of Employees: a) Full Time _____ b) Part Time _____ c) Seasonal _____

Are all employees (including contact employees) covered by workers compensation? Yes No

If no, provide split between different types of occupation/number of employees/payroll

14. Are there any formal contracts entered into by the Applicant? **Yes** **No**

If yes, explain _____

15. Are there any hold harmless agreements? **Yes** **No**

If yes, explain _____

16. Does Applicant rent or lease equipment to others? **Yes** **No**

If yes, give details and state revenues _____

With Operator?	Yes	No	Without Operator?	Yes	No
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Does Applicant lease any motor vehicles or equipment?				Yes	No
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Does Applicant lease or maintain his own garage facility?				Yes	No
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Is any work carried out at any oil or natural gas production, exploration or processing facility?				Yes	No
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If yes, give details _____

Is any gas line work done? **Yes** **No** Please Explain _____

Are gas hook-ups from the meter in only?				Yes	No
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Has any work or operation been discontinued during the past 5 years?				Yes	No
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Please list and describe 4 of the most recent largest contracts completed? _____

17. Has any Insurer ever canceled or refused coverage? **Yes** **No**

If yes, please explain _____

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 all liability insurance carried

Carrier	Limit	Deductible	Premium	Policy Period

20. Payroll **Limits of required \$** _____ **Deductible \$** _____

Declaration

I may have provided personal information in this document and by other means 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 to 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.

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.

Completed By _____

Date _____

Insured'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	\$		Maximum Value	\$
	Location 2				
	Average Value	\$		Maximum Value	\$
2.	Territory where equipment is generally used and type of terrain:				
3.	Does applicant have facilities for repairing and servicing own equipment? Provide details:				
4.	Is equipment serviced and overhauled on a regular basis?			Yes	No
Details of maintenance 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