



# LIONS GATE UNDERWRITING

## CONTRACTORS LIABILITY APPLICATION

### I. General Information

Named Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Expiring Premium and Date: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage? (If 'yes', please provide details below) Yes  No

Have there been any insured or uninsured losses in the past 5 years? Yes  No

If 'yes', please provide details below:

DATE	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT

## II. General Liability Underwriting Information

Year Business Established: \_\_\_\_\_

Experience of Principals (*years*): \_\_\_\_\_

Number of Employees: *Full Time*: \_\_\_\_\_ *Part Time*: \_\_\_\_\_

Estimated Gross Revenue: \$ \_\_\_\_\_

Sales: Canadian Sales %: \_\_\_\_\_ US Sales %: \_\_\_\_\_

If there are operations outside of Canada, please provide details:

Description of Operations:

% Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_ % Industrial: \_\_\_\_\_

**Operations: Please indicate % of operation the applicant provides. The total must add up to 100%**

Acoustic Ceilings	____%	HVAC	____%
Air Conditioning including heat pumps	____%	Insulation	____%
Alarm Installation	____%	Iron or Steel Erection—Structural	____%
Building Construction	____%	Iron or Steel Erection—Other	____%
Building Construction under wrap up	____%	Irrigation and Drainage System Construction	____%
Carpentry:	____%	Landscaping	____%
Cleaning Building Exterior	____%	Logging	____%
Cleaning Sewers and Drains	____%	Machinery Repair—Agriculture / Industrial	____%
Cleaning Streets excluding Snow Removal	____%	Masonry—Including Bricklaying, Stonework, Exterior Stucco and Marble	____%
Cleaning Windows	____%	Metal Doors, Window and Awning Installation	____%
Cleaning Building Interior	____%	Millwright	____%
Concrete Pre-Cast Beams and Supports	____%	Painting—Non-Spraying	____%
Concrete Work, Other	____%	Painting—Interior Spraying	____%
<b>Describe:</b>			
Consultant (No Manual Work) -	____%	Painting—Exterior Spraying	____%
<b>Describe:</b>			
Demolition (by hand and equipment only)	____%	Pest Control	____%

Directional Drilling (no oilfield)	___%	Pile Burning	___%
Drilling (Water)	___%	Pile Driving	___%
Driveway and Parking Constructions:	___%	Plastering and Lathing	___%
Drywall	___%	Project Manager	___%
Electrical	___%	Property Manager—Basic Building Maintenance	___%
Elevator Installation	___%	Refrigeration	___%
Entertainment Installation & Repair—Commercial	___%	Remediation Contractors	___%
Entertainment/ Computer/ Appliance Installation & Repair— Residential	___%	Restoration Contractors	___%
Equipment Rental Service	___%	Septic Tank Installation, Service and Repair	___%
<b>Describe:</b>			
Excavation-Site Service, Pure Grading	___%	Sheet Metal (Not Roofing)	___%
Excavation—Sewer, Steam Main, and Water Main Construction	___%	Sign Installation	___%
Fence Construction	___%	Small Garage, Repair or Mechanic Shop	___%
Fire Proofing	___%	Swimming Pools—Above Ground, Outdoor Only	___%
Floor Covering Installation	___%	Traffic Control/ Flagger	___%
Glass Installation	___%	Terrazzo and Tile Work	___%
Glazier	___%	Underground Cable or Conduit	___%
Grading of Land—No Excavation or Road Construction	___%	Underpinning of Building/Shoring	___%
Hauling Equipment—Non-Hazardous Material Only	___%	Upholstery	___%
Heating Contractor including Gas Hook Ups	___%	Waste Removal/ Junk Removal	___%
Heavy Equipment/ Crane/ Life Operators	___%	Waterproofing	___%
Highway Street and Road Construction, Reconstruction and Repair	___%	Welding Contractor (Excluding Oilfield)	___%
House Furnishings Installation	___%		
Other— <b>describe:</b>			___%

Does the applicant subcontract work to others: Yes No

If 'yes', what percentage \_\_\_% and please describe sub-contracting operations:

Do the applicant assume liability under any hold harmless agreements of contracts: Yes No

If 'yes', please explain:

Do you ever (re)manufacture products: Yes No

If 'yes', please describe and what \_\_\_\_% of gross receipts from product sales:

Does the applicant engage in any of the following operations?

Airport Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil Field Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting / Explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Over 3 Storey Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bridge Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caisson Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dams	<input type="checkbox"/> Yes <input type="checkbox"/> No	Snow Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heritage Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	Structural work or repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mines	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes to the above, please provide details:

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

Name of Client	Nature of Work	Annual Contract Income	Duration

### III. Coverage Requirements

Limit of Liability Insurance  \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000  
Deductible:                     \$1,000                     \$2,500                     \$5,000

## Supplemental Application—Property Coverage

Risk Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Year Built: \_\_\_\_\_

Number of Storeys: \_\_\_\_\_

Construction: \_\_\_\_\_

Total Area Occupied: \_\_\_\_\_

Year Building Updated: \_\_\_\_\_ Roof: \_\_\_\_\_ Electrical System: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Burglar Alarm:  Monitored  Local  None

Video Surveillance:  Yes  No

Fire Alarmed:  Monitored  Local  None

Sprinklered:  Yes  No

Have there been any insured or uninsured losses in the past 5 years? Yes  No

*If 'yes', please provide details below:*

DATE	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT

### Coverage Limits

Building	\$ _____	Tenant's Improvements	\$ _____
Equipment	\$ _____	Stock	\$ _____
Profits (12 Month Indemnity Period)	\$ _____	Miscellaneous Property Floater	\$ _____
Tool Floater (ACV)	\$ _____	Installation Floater	\$ _____
Contractors Equipment	\$ _____		

### Contractors Equipment Schedule

Year, Make, Model, Serial Number	Limit
	\$
	\$
	\$

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker’s, agent’s and the insurer’s policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker’s, agent’s or insurer’s personal information policies by contacting their Chief Compliance Officer.

Applicant’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Principal, Partner or Officer)*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_