

APPLICATION /QUESTIONNAIRE INSTALLATION FLOATER

PLEASE ANSWER ALL QUESTIONS IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1.	App	Applicant's Name:						
2.	Оре	erating As:						
3.	Cor	ntact:	Tele _l	phone:				
4.	Mailing Address & Postal Code/Zip Code:							
5.	Applicant is: Partnership Association Individual Other							
	Narrative Description of Operations:							
6.	a)	What percentage of total work performed includes the	ne following:					
		Work Performed	Percentage (%)					
		Electrical						
		Equipment						
		Renovations						
		Sewer/Water						
		Other						

c)	Insured has been engage	een engaged in this type of operation for		years.	
List	annual gross receipts for	each of last five years:			
Υ	ears (last 5 years)	(\$)			
Wh	at are estimated gross rec	eints for the next twelve months?			
Wh	at are estimated gross rec	eipts for the next twelve months?			
	at are estimated gross rec	eipts for the next twelve months?			_
	-	eipts for the next twelve months?			
Sco	ope of coverage desired: Fire, E.C., M.D.:				
Scc a)	ope of coverage desired:				
Scc a)	ope of coverage desired: Fire, E.C., M.D.:	and earthquakes):			
Scc a) b)	ope of coverage desired: Fire, E.C., M.D.: All Risks(excluding flood Limit of Liability required	and earthquakes):			
Scc a) b)	ope of coverage desired: Fire, E.C., M.D.: All Risks(excluding flood Limit of Liability required ductibles:	and earthquakes):			
Scco a) b) c)	ope of coverage desired: Fire, E.C., M.D.: All Risks(excluding flood Limit of Liability required ductibles:	and earthquakes):			
Scco a) b) c)	ope of coverage desired: Fire, E.C., M.D.: All Risks(excluding flood Limit of Liability required ductibles:	and earthquakes):			
Scco a) b) c) Dec a)	ope of coverage desired: Fire, E.C., M.D.: All Risks(excluding flood Limit of Liability required ductibles: To be applied to all peril	and earthquakes):			

12.	Has any Insurer cancelled or declined to provide this If Yes, please explain why:	type of insurance to Applicant? Yes No					
	Previous insurance carrier:	Expiring Premium:					
THE	UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.						
CON FOR		LICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, NVESTIGATE AND SETTLE CLAIMS, AND DETECT AND					
	r purposes of the Insurance Companies Aurse of Lloyd's Underwriters' insurance b	Act (Canada), this document was issued in the business in Canada.					
	•						
Sign	nature of Applicant (authorized representative)	Date					
	SUBMITTED BY:						
	EMAIL:						
	For contact i	nformation visit:					

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