**CONTRACTORS & TRADES –** Application for Insurance

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |
| --- |
| **APPLICANT INFORMATION** |
| Contact Email Address: |       |
| *(Required for e-signatures)* |  |
|  |  |
| Applicant(s) Legal Name(s):*Include all subsidiaries* |       |
|  |
|  |  |
| Is the applicant a company?  | [ ]  No [ ]  Yes |
|  |  |
|  | Name of principal(s): |       |
|  |  |
|  | Website(s): |       |
|  |  |
| Risk address: |  |       |
|  |  |  |
| Year Established: |  |  |
|  |  |  |
| How many years of ‘on the job’ experience does the Applicant have conducting the operations in this application form? |  |

**RISK INFORMATION**

|  |  |
| --- | --- |
|  |  |
| **LOSS HISTORY** |  |
|  |  |
| Has the Applicant had any claims in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
| If yes, |  |
|  |  |
| Claim 1 – Date of loss:  |  | Cause of loss: |  |
|  |  |
| Amount of loss/ damage/ amounts paid: | $ | Has the claim been closed? | [ ]  No [ ]  Yes |
|  |  |  |  |
| Claim 2 – Date of loss:  |  | Cause of loss: |  |
|  |  |
| Amount of loss/ damage/ amounts paid: | $ | Has the claim been closed? | [ ]  No [ ]  Yes |
|  |  |  |  |
| Claim 3 – Date of loss:  |  | Cause of loss: |  |
|  |  |
| Amount of loss/ damage/ amounts paid: | $ | Has the claim been closed? | [ ]  No [ ]  Yes |
|  |  |  |  |
| Does the Applicant currently carry Commercial General Liability coverage? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | If yes, name of Insurer: |  |  |  |
|  |  |  |  |  |
|  | Premium:  | $ |  | Policy number: |  |
|  |  |  |  |  |
| Does the Applicant currently carry Errors & Omissions Coverage? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, name of Insurer: |  |  |  |
|  |  |  |  |  |
|  | Premium:  | $ |  | Policy number: |  |
|  |  |  |  |  |  |
|  | Retroactive Date: |  |  |  |  |
|  |  |  |  |  |  |
| Has insurance ever been cancelled or refused? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, reason for refusal/ cancellation? | [ ]  Due to cancellation for non-payment (premium owned has been paid) |
|  |  | [ ]  Due to cancellation for non-payment (premium still owing to insurer) |
|  |  | [ ]  Due to claims record  |
|  |  | [ ]  Insurer does not write type of operation  |
|  |  | [ ]  Current carrier no longer writes this class |
|  |  |  |
| **OPERATIONS** |
|  |  |  |
| Applicants operations and revenues – please list: |  |
|  |  |
|  | Operation 1: |  | Gross Revenues: | $ |
|  |  |  |  |  |
|  | Operation 2: |  | Gross Revenues: | $ |
|  |  |  |  |  |
|  | Operation 3: |  | Gross Revenues: | $ |
|  |  |  |  |  |
|  | Operation 4: |  | Gross Revenues: | $ |
|  |  |  |  |  |
|  | Operation 5: |  | Gross Revenues: | $ |
|  |  |  |  |  |
| Indicate the amount of work the Applicant performs for the following (Total must equal 100%): |
|  |
| Residential: | **%** | Commercial: | **%** | Industrial: | **%** | Institutional/ Government: | **%** |  |
|  |
| Agriculture: | **%** | Manufacturing: | **%** | Natural Resources (Oil, Gas, Mining, Forestry, etc.): | **%** |  |
|  |
| Other: | **%** | If other, describe: |  |
|  |
| Does the Applicant have any operations outside of Canada? | [ ]  No [ ]  Yes |
|  |
|  | If yes, please describe in detail and work performed outside of Canada:  |  |
|  |
|  |  |
|  |
| Does the Applicant perform any pure consulting services for a fee? (ie. Design, inspections) | [ ]  No [ ]  Yes |
|  |
|  | If yes, please indicate revenues from pure consulting services: | $ |  |
|  |

**ADDITIONAL RISK INFORMATION**

|  |  |
| --- | --- |
| Does the Applicant hold all licensing or certifications, where required? | [ ]  No [ ]  Yes [ ]  N/A |
|  |  |
| Does the Applicant utilize any sub-contractors? | [ ]  No [ ]  Yes  |
|  |  |
|  | What percentage of the Applicant's work is sub-contracted out? |   | % |
|  |  |  |
|  | Does the Applicant obtain confirmation of insurance from all sub-contractors? | [ ]  No [ ]  Yes  |
|  |  |  |
| Does the Applicant assume liability under any hold harmless agreements? | [ ]  No [ ]  Yes\*  |
|  |  |  |
|  | If the Applicant assumes liability, please provide explanation of all situations in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | \*Please attach a copy of any Hold Harmless Agreements |  |
|  |  |  |
| **SPECIALTY WORK** |  |
|  |  |  |
| If Yes for any of the following questions, please describe in detail the exact nature of the work that the Applicant does in this area (including some examples of contracts and clients they would work for). |
|  |  |  |
| Does the Applicant have any operations involving airport property? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving railroads? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving municipalities or on public roads? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving wood burning fireplace or wood stove installations? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving blasting or explosives? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving environmental remediation, asbestos or hazardous material abatement? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving fire extinguishing/ fire suppression systems? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving the oil and gas industry (exploration, drilling, production, refining, transportation, etc.)? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe in detail: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving the dockside, wharfingering or stevedoring? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving nuclear applications, or any radioactive materials? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving the raising or moving of buildings? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving cement manufacturing? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving operation of cranes? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving dams, reservoirs, or weirs? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant perform any hot tar and/or torch on roofing activities? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant perform any operations involving the mining? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does the Applicant have any operations involving snow removal? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Please describe: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Percentage of total revenues (all operations) involving snow removal: | **%** |  |
|  |  |  |
|  | Does the Applicant keep a log of all snow removal work done for a period of at least 5 years? | [ ]  No [ ]  Yes  |
|  |  |  |
|  | **Please provide the percentage breakdown of snow removal work at the following occupancies:** |  |
|  |  |  |
|  |  | Snow Removal - Single Family Homes (%): | **%** |  |
|  |  |  |  |  |
|  |  | Snow Removal - Multi-family residential complexes (%): | **%** |  |
|  |  |  |  |  |
|  |  | Snow Removal - Small Retail and Office complexes (%): | **%** |  |
|  |  |  |  |  |
|  |  | Snow Removal - Large High traffic retail such as shopping malls (%): | **%** |  |
|  |  |  |  |  |
|  |  | Snow Removal - Industrial Complexes (%): | **%** |  |
|  |  |  |  |  |
|  |  | Snow Removal - Institutional - Hospital, Education (%): | **%** |  |
|  |  |  |  |  |

**COVERAGES**

|  |  |
| --- | --- |
|  |  |
| Commercial General Liability | [ ]  $1,000,000  | [ ]  $2,000,000  | [ ]  $5,000,000  | [ ]  $10,000,000  |
|  |  |  |  |  |
| Tenant's Legal Liability | [ ]  $250,000  | [ ]  $500,000  | [ ]  $1,000,000  |  |
|  |  |  |  |  |
| Employment Benefits Liability Extension: | [ ]  Not required  | [ ]  $1,000,000  | [ ]  $1,000,000  |  |
|  |  |  |  |  |
| Non-owned Auto Limit | [ ]  $1,000,000  | [ ]  $2,000,000  |  |  |
|  |  |  |  |  |
| Limited Pollution: | [ ]  Not required | [ ]  $1,000,000  |  |  |
|  |  |  |  |  |
| Forest and Prairie Fire Fighting Expenses: | [ ]  Not required | [ ]  $250,000  |  |  |
|  |  |  |  |  |
| **ADDITIONAL LOCATIONS** |  |  |  |  |
|  |  |  |  |  |
| Are there any other locations requiring liability coverage? [ ]  No [ ]  Yes  |  |  |
|  |  |  |  |  |
| If yes, |  |  |  |  |
|  |  |  |  |  |
|  | Location 1 |  |  |  |
|  |  |  |  |  |
|  | Address: |  | City: |  |
|  |  |  |  |  |
|  | Province: |  | Postcode/ ZIP Code: |  |
|  |  |  |  |  |
|  | Type of Location: | [ ]  Additional Location with same operation | [ ]  Office Location | [ ]  Storage Facility |
|  |  | [ ]  Vacant Land – What is the size of the land size in acres? |  |  |
|  |  |  |  |  |
|  | Location 2 |  |  |  |
|  |  |  |  |  |
|  | Address: |  | City: |  |
|  |  |  |  |  |
|  | Province: |  | Postcode/ ZIP Code: |  |
|  |  |  |  |  |
|  | Type of Location: | [ ]  Additional Location with same operation | [ ]  Office Location | [ ]  Storage Facility |
|  |  | [ ]  Vacant Land – What is the size of the land size in acres? |  |  |
|  |  |  |  |  |
|  | Location 3 |  |  |  |
|  |  |  |  |  |
|  | Address: |  | City: |  |
|  |  |  |  |  |
|  | Province: |  | Postcode/ ZIP Code: |  |
|  |  |  |  |  |
|  | Type of Location: | [ ]  Additional Location with same operation | [ ]  Office Location | [ ]  Storage Facility |
|  |  | [ ]  Vacant Land – What is the size of the land size in acres? |  |  |
|  |  |  |  |  |
| **OPTIONAL PROPERTY COVERAGE** |  |  |  |
|  |  |  |  |  |
| Does the Applicant require property coverage? [ ]  No [ ]  Yes  |  |
|  |  |  |  |  |
|  | If yes, state how much coverage ($): |  |  |  |
|  |  |  |  |  |
|  | Business Personal Property (Incl. Tenants Improvements): | $ | Stock / Inventory | $ |
|  |  |  |  |  |
|  | Contents of Every Description: | $ | Business Interruption - ALS: | $ |
|  |  |  |  |  |
|  | Tool Floater: | $ | Miscellaneous Articles Floater: | $ |
|  |  |  |  |  |
|  | Rented, Leased & Borrowed Equipment: | $ | Installation Floater | $ |
|  |  |  |  |  |
| Does the applicant require Equipment breakdown Coverage? | [ ]  No [ ]  Yes  | Sewer Backup Coverage: | [ ]  No [ ]  Yes  |
|  |  |  |  |  |
| Flood Coverage: | [ ]  No [ ]  Yes  | Earthquake Coverage: | [ ]  No [ ]  Yes  |
|  |  |  |  |  |
| **If scheduling of Contractor's Equipment is required, add schedule below Crime Coverage** |  |  |
|  |  |  |
| **OPTIONAL INCREASED**  |  |  |
|  |  |  |
| **Extra Expense Limit** | [ ]  $10,000  | [ ]  $25,000  | [ ]  $50,000  | [ ]  $100,000  |
|  |  |  |  |  |
| **OPTIONAL CRIME COVERAGE** |  |  |  |
|  |  |  |  |
| Comprehensive Dishonesty, Destruction, Disappearance and Forgery |  | [ ]  Not required | [ ]  $10,000  |
|  |  |  |  |
| **OPTIONAL CONTRACTOR’S EQUIPMENT** |  |  |  |
|  |  |  |  |
| Does the Applicant require to schedule Contractor's Equipment? | [ ]  No [ ]  Yes  |  |
|  |  |  |  |
|  | If yes to Contractor's Equipment, add details below: |  |  |
|  |  |  |  |
|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |
|  |  |  |  |  |  |  |  |  |
|  | Type: | [ ]  Backhoe  | [ ]  Bobcat | [ ]  Boom lift  | [ ]  Bulldozer  | [ ]  Compactor  |
|  |  | [ ]  Compressor  | [ ]  Concrete Mixer  | [ ]  Excavator  | [ ]  Forklift  | [ ]  Front loader  |
|  |  | [ ]  Generator  | [ ]  Grader  | [ ]  Paving equipment  | [ ]  Power washer  | [ ]  Sand blaster  |
|  |  | [ ]  Scissor lift  | [ ]  Skid steer  | [ ]  Water pump | [ ]  Wheel loader  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |
|  |  |  |  |  |  |  |  |  |
|  | Type: | [ ]  Backhoe  | [ ]  Bobcat | [ ]  Boom lift  | [ ]  Bulldozer  | [ ]  Compactor  |
|  |  | [ ]  Compressor  | [ ]  Concrete Mixer  | [ ]  Excavator  | [ ]  Forklift  | [ ]  Front loader  |
|  |  | [ ]  Generator  | [ ]  Grader  | [ ]  Paving equipment  | [ ]  Power washer  | [ ]  Sand blaster  |
|  |  | [ ]  Scissor lift  | [ ]  Skid steer  | [ ]  Water pump | [ ]  Wheel loader  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |
|  |  |  |  |  |  |  |  |  |
|  | Type: | [ ]  Backhoe  | [ ]  Bobcat | [ ]  Boom lift  | [ ]  Bulldozer  | [ ]  Compactor  |
|  |  | [ ]  Compressor  | [ ]  Concrete Mixer  | [ ]  Excavator  | [ ]  Forklift  | [ ]  Front loader  |
|  |  | [ ]  Generator  | [ ]  Grader  | [ ]  Paving equipment  | [ ]  Power washer  | [ ]  Sand blaster  |
|  |  | [ ]  Scissor lift  | [ ]  Skid steer  | [ ]  Water pump | [ ]  Wheel loader  |  |
|  |  |  |  |  |  |  |  |  |

**ISSUANCE INFORMATION**

|  |  |
| --- | --- |
| **POLICY TERM INFORMATION** |  |
|  |  |
| Proposed Effective Date (MM/DD/YYYY): |  |  |
|  |  |  |
| **APPLICANT INFORMATION** |  |  |
|  |  |  |
| Applicant Mailing address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |
| Does the Applicant require a Waiver of Subrogation in favour of any entities? | [ ]  No [ ]  Yes  |
|  |  |
| If yes, answer the following details: |  |
|  |  |
| Name: |  |  |
|  |  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? |  |
|  |  |
|  | [ ]  Landlord | [ ]  Lead Contractor  | [ ]  Government body  | [ ]  Other |
|  |  |  |  |  |
| Does the Applicant wish to add another entity for Waiver of Subrogation? | [ ]  No [ ]  Yes  |
|  |  |
| If yes, answer the following details: |  |
|  |  |
|  | Name: |  |  |
|  |  |
|  | Address: |  | City: |  |
|  |  |  |  |
|  | Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? |
|  |
|  | [ ]  Landlord | [ ]  Lead Contractor  | [ ]  Government body  | [ ]  Other |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **ADDITIONAL INSUREDS** |  |
|  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |
|  |
| Name: |  |  |
|  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |
|  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Government Body | [ ]  Lead Contractor |
|  | [ ]  Lessor/ Finance Company | [ ]  Joint Venture | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) |  |  |
|  |  |  |  |
| Name: |  |  |
|  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |
|  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Government Body | [ ]  Lead Contractor |
|  | [ ]  Lessor/ Finance Company | [ ]  Joint Venture | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **LOSS PAYABLES INFORMATION** |  |
|  |  |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): |
|  |
| Name: |  |  |
|  |  |
| Address: |  | City: |  |
|  |  |  |  |
| Province: |  | Postcode/ ZIP Code: |  |  |
|  |  |  |  |  |

|  |
| --- |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used, and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting, and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |
| **Signature of Applicant(s):** |  | **Date:** |  |
|  |
| **Brokerage:** |  | **Broker ID#:** |  | **Broker Email:** |  |
|  |  |  |  |  |  |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** |