

GENERAL INFORMATION

1. Applicant's Name: _____
Mailing Address: _____ City: _____ Province: _____ P.C.: _____
2. Year Company established: _____ Years of experience: _____
3. Do any key personnel have over 15 years of experience? Yes No
4. Has applicant had any losses in last 5 years? Yes No
If yes, please provide details: _____
5. Is there a current insurance policy in force? Yes No
If yes, Current Insurer: _____ Policy #: _____
6. Has any insurer ever cancelled, declined or refused to renew or issue insurance of the type applied for? Yes No
If yes, please provide details: _____
7. Has the applicant ever operated under a different name? Yes No
If yes, please provide details: _____
8. Have there been any claims against these prior entities? Yes No
If yes, please provide details: _____
9. Do all of your operations and sales take place strictly in Canada? Yes No
Please provide details: _____

LIABILITY COVERAGE INFORMATION

10. Do you assume liability under any hold harmless agreements or contracts? Yes No
Please provide details: _____
11. Please select the type(s) of operations performed and indicate the values requested below:

Description of Operations - to be selected from Operations Classes list below	Actual Gross Revenue in the past 12 months (including subcontracted receipts)	Estimated Gross Revenue for the next 12 months (including subcontracted receipts)	Projected % to be sub-contracted
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

What percentage of the operations are: Commercial: ___% Residential: ___% Industrial: ___% Institutional: ___% Agricultural: ___%

Description of Operations	Description of Operations
<input type="checkbox"/> AC and refrigeration – Industrial and Commercial	<input type="checkbox"/> Jetty, pier, dock construction
<input type="checkbox"/> Acoustic ceiling installation	<input type="checkbox"/> Landscape gardening - excluding tree removal
<input type="checkbox"/> Alarm system installation (not including sprinklers)	<input type="checkbox"/> Locksmith (no alarm installation)
<input type="checkbox"/> Blasting - low hazard (If yes, please complete Blasting Liability Survey)	<input type="checkbox"/> Machinery – industrial installation
<input type="checkbox"/> Bricklaying, masonry, stucco	<input type="checkbox"/> Painting (excluding exterior spray painting)
<input type="checkbox"/> Building cleaning – exterior (including sandblasting)	<input type="checkbox"/> Painting (including exterior spray painting)
<input type="checkbox"/> Building construction – commercial – new & renovation	<input type="checkbox"/> Paving Contractor – Private Property
<input type="checkbox"/> Building construction - residential – new & renovation	<input type="checkbox"/> Paving Contractor – Public Roads / Government
<input type="checkbox"/> Building raising or moving	<input type="checkbox"/> Pest control
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Pile driving
<input type="checkbox"/> Carpet and Upholstery cleaning	<input type="checkbox"/> Plumbing (no hot tubs, pools and/or fire sprinklers)
<input type="checkbox"/> Chimney sweeping	<input type="checkbox"/> Remediation Contractor
<input type="checkbox"/> Cleaning sewers and drains	<input type="checkbox"/> Restoration Contractor
<input type="checkbox"/> Concrete - excluding sewers, tunnels, subway	<input type="checkbox"/> Roofing – involving the application of heat
<input type="checkbox"/> Conveyor system installations	<input type="checkbox"/> Roofing – no application of heat
<input type="checkbox"/> Crane and lift equipment operators	<input type="checkbox"/> Sewer, water main, pipeline construction
<input type="checkbox"/> Datatel Wiring	<input type="checkbox"/> Sheet metal installation – away from shop
<input type="checkbox"/> Demolition (If yes, please complete the Demolition Supplement)	<input type="checkbox"/> Sheet metal installation – in shop operation

TRADES & CONTRACTORS APPLICATION

<input type="checkbox"/> Drywall & plastering	<input type="checkbox"/> Sign installation (up to 3 stories)
<input type="checkbox"/> Duct cleaning	<input type="checkbox"/> Snow removal
<input type="checkbox"/> Electrician – Common Building Work	<input type="checkbox"/> Solar energy
<input type="checkbox"/> Electrician – Specialty (towers, main power lines, complex apparatus)	<input type="checkbox"/> Steam fitting
<input type="checkbox"/> Elevators installation and service	<input type="checkbox"/> Tank installation – Other
<input type="checkbox"/> Excavation	<input type="checkbox"/> Tank installation – Septic
<input type="checkbox"/> Fence construction	<input type="checkbox"/> Tent Set Up
<input type="checkbox"/> Flooring Installation	<input type="checkbox"/> Tiler
<input type="checkbox"/> Garden equipment repairs	<input type="checkbox"/> Underground cables
<input type="checkbox"/> Glazer	<input type="checkbox"/> Underpinning of buildings
<input type="checkbox"/> Heating (including oil and gas, but no gas hook-up)	<input type="checkbox"/> Video & Audio System - Installation
<input type="checkbox"/> Heating (including gas hook up)	<input type="checkbox"/> Video & Audio System - Repairs
<input type="checkbox"/> Home cleaners	<input type="checkbox"/> Waste Collection
<input type="checkbox"/> Installation – Windows, Awnings & Doors	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Insulation installation	<input type="checkbox"/> Water treatment equipment service and repair
<input type="checkbox"/> Interior decorating	<input type="checkbox"/> Water well drilling (no oil & gas or water testing)
<input type="checkbox"/> Iron and steel construction	<input type="checkbox"/> Welding – in shop <i>(If yes, please complete Welding Questionnaire)</i>
<input type="checkbox"/> Irrigation and Drainage – Commercial Applications	<input type="checkbox"/> Welding – off site <i>(If yes, please complete Welding Questionnaire)</i>
<input type="checkbox"/> Irrigation and Drainage – Residential	<input type="checkbox"/> Window cleaning – 3 stories or less
<input type="checkbox"/> Janitorial contracting	<input type="checkbox"/> Window cleaning – over 3 stories

If other, please describe: _____

12. Please describe "scope of services": _____

Do you provide any services for Cannabis production facilities? Yes No

If yes, please describe: _____

13. Provide details of most recent/largest project: _____

14. Do you subcontract any work to others? Yes No

If yes, what percentage of your work is subcontracted? _____%

If yes, do you always confirm (by way of collecting Certificates/Proofs of Insurance) that subcontractors have CGL coverage with a min. limit of \$2M in place? Yes No

What operations are entirely subcontracted? _____

15. Do retail sales of products make up more than 30% of total annual receipts? *(sales of products that you install or subcontract the installation of are not considered retail sales)* Yes No

Please describe details: _____

16. Do revenues from renting or leasing equipment make up more than 30% of total annual receipts? Yes No

Please describe details: _____

17. Do you or any of your staff perform original design, inspection for fee, or consulting services? Yes No

Please describe details: _____

18. Please check the box for any work carried out for/involving any of the following:

<input type="checkbox"/> Airport Work	<input type="checkbox"/> Fire Extinguishing Services	<input type="checkbox"/> Railway Work
<input type="checkbox"/> Blasting / Use of Explosives <i>(If yes, please complete Blasting Liability Survey)</i>	<input type="checkbox"/> Gas Main Work	<input type="checkbox"/> Raising or Moving Buildings
<input type="checkbox"/> Building Envelope Repair/Restoration <i>(If yes, please describe type of buildings)</i>	<input type="checkbox"/> Logging / Mining	<input type="checkbox"/> Reservoir Construction
<input type="checkbox"/> Caissons	<input type="checkbox"/> Oil & Gas Field Production	<input type="checkbox"/> Scaffolding / Temporary Stands <i>(If yes, is it for their own projects only?)</i>
<input type="checkbox"/> Contaminated Sites	<input type="checkbox"/> Open Fire Work	<input type="checkbox"/> Shoring/Underpinning
<input type="checkbox"/> Dams	<input type="checkbox"/> Pool & Hot Tub Installation	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Excavating	<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Tunneling / Bridging

If yes to any of the above, provide full details: _____

