

Restoration & Remediation Contractors

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Phone: _____ Cell Phone: _____ Email: _____
4. Current Expiry Date: _____ Business Operations: _____

SECTION 2: OPERATIONAL DETAILS

Work Done	Est. Gross Receipts	% Subcontracted	Work Done	Est. Gross Receipts	% Subcontracted
a. Janitorial (general clean-up)			j. Residential Building & Alterations		
b. Rug Cleaning			k. Commercial Building & Alterations		
c. Wall Washing			l. Dry Cleaning		
d. Rewiring			m. Drying/Dehumidification		
e. Plastering/Drywall			n. Mould Remediation		
f. Painting/Wallpapering			o. Lead Remediation		
g. Oil Spill Clean-Up			p. Asbestos Remediation		
h. Flooring/Acoustic Tiling			q. All Other Operations		
i. Waterproofing/Sealing			Estimated Total Receipts		
% of Total Receipts Subcontracted: _____			Related Prior Experience - # of Years: _____		

SECTION 3: COMMERCIAL GENERAL LIABILITY OPERATIONS

1. Sub-Consultants/Sub-Contractors: Do you subcontract a part of your operations? Yes No
 If **yes**, do you obtain certificates of insurance from your subcontractors? Yes No
 If **yes**, do you require subcontractor's policies to add you as an additional insured? Yes No
2. What are the minimum limits of liability you require of your subcontractor? _____
3. Is any work performed outside of Canada? Yes No

SECTION 4: ENVIRONMENTAL REMEDIATION OPERATIONS

1. What percentage of Gross Receipts are from remediation/restoration operation? _____
If less than 50%, please provide full details of all activities:
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2. Is any work performed outside of Canada? Yes No
3. Is an independent Environmental Engineer or Industrial Hygienist hired and in control of the job immediately upon discovery of the presence of mould, lead, or asbestos? Yes No
4. Please confirm your business has a permit along with a licence to handle and deposit when dealing with hazardous materials. N/A Yes No
5. Are all operations performed in conformity with the specific provincial regulations enacted in the province where work is being done? Yes No
6. Sub-consultants/Sub-Contractors: Do you subcontract a part of your environmental remediation operations?
 Yes No
If yes, do you obtain certificates of insurance from your subcontractors? Yes No
If yes, do you require subcontractor's policies to add you as an additional insured? Yes No
7. What are the minimum limits of liability you require of your subcontractor? _____

SECTION 5: LOSS HISTORY

1. Any losses in the last 5 years? Yes No
If yes, please provide full details:
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2. Is the Applicant or any of his/her employees aware of any facts, circumstances or situations that may reasonably give rise to a claim? Yes No
If yes, please provide full details:
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SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

 Applicant's Name (Please print)

 Title/Position

 Signature of Applicant

 Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____

Email: _____ Address: _____

Phone: _____ City / Province: _____

Fax: _____ Postal Code: _____

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