

# RESTORATION & REMEDIATION CONTRACTORS APPLICATION

## General Information

- Name of Insured: \_\_\_\_\_
- Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Partnership    Corporation    Joint Venture    Sole Proprietor    Number of years in business: \_\_\_\_\_  
 Staffing: Total number of staff including part time: \_\_\_\_\_  
 Break out personnel: Principals \_\_\_\_\_ Field Personnel \_\_\_\_\_ Part time \_\_\_\_\_  
                                  Supervisors/Foreman \_\_\_\_\_ Clerical/technical \_\_\_\_\_ Engineers \_\_\_\_\_
- Contact name and title: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- Address for any other locations of branch offices or subsidiaries:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Provide details of all liability insurance carried:  

Name of Insurer	Policy Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  
 Is renewal being offered?    Yes    No    If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Claims History:  
 Any claims made involving mould, asbestos or lead?    Yes    No  
 \_\_\_\_\_  
 Are you aware of any fact, circumstance or situation which could have resulted in a claim being made?    Yes    No  
 \_\_\_\_\_  
 \_\_\_\_\_

## Commercial General Liability

Work Done	Est. Gross Receipts	Sublet Costs	Work Done	Est. Gross Receipts	Sublet Costs
a. Janitorial (general clean-up)			g. Flooring/Acoustic Tiling		
b. Rug Cleaning			h. Waterproofing/Sealing		
c. Wall Washing			i. Residential Building & Alterations		
d. Rewiring			j. Commercial Building & Alterations		
e. Plastering/Drywall			k. Dry Cleaning		
f. Painting/Wallpapering			l. Drying/Dehumidification		
m. Other:			n. Other:		

Estimated Total Receipts: \_\_\_\_\_ Total Sublet Costs: \_\_\_\_\_

