

CONTRACTORS LIABILITY INSURANCE APPLICATION

Part I: General Information

1.	Name of Applicant:					
	Principal(s):					
2.	Address of Applicant:					
3.	The Applicant Is:	□ Individual	□ Partnership	☐ Corporation	☐ Joint Venture	□ Other
4.	Website Address:					
5.	Years in Business:			Years of Ex	perience:	
6.	Is the Applicant directly	or indirectly associa	ted with, controlled by	, or owned by any ot	her entity?	∕ES □ NO
7.	Does the Applicant direct	ctly or indirectly own	, control or have liabil	ity for any other entity	y? □ Y	∕ES □ NO
8.	Has the Applicant's nam purchased by, merged v					∕ES □ NO
Part II	Exposure and Operation	ons Information				
1.	What percentage of you services?	ır projects have a siç	ned contract prior to	the commencement of	of	
2.	How do you evaluate cli contract?	ents before entering	into a			
3.	How do you evaluate yo	our contracts?				
4.	Who has the authority to contracts?	o sign				
5.	Please provide the brea	kdown in revenues,	payroll and number of	of employees:		
	•	Year	Revenu	es (S)	Payroll (\$)	Employees (#)
Curr	ent/Projected		\$	\$		
Expi	ring		\$	\$		
First	Year Prior	<u> </u>	\$	\$		
6.	Are all employees cover	red under WSIB:			□Ү	∕ES □ NO
	If no, please provide de employees/payroll:	tails between differe	nt types of occupatior	n/number of		
ш.е	T. II Tim a.	# of Down Times		# of Classicals	Tatal	Daywalli
# 01	Full Time:	# OI Part Time.		# of Clefical.	Total	Payroll:
7.	Please indicate the app	roximate percentage	of the total gross rev	renues derived from t	he following categories	s of clients:
7.	• •	roximate percentage ategory		renues derived from t	he following categories Category	s of clients:
	• •				Category	
	Camercial:			%	Category	



Federal Government:	Provincial Governmental:
Local/Municipal Government:	Real Estate Development:
Owners who act as their own contractors:	Other (please specify):

8. Please indicate the approximate percentage of the total gross revenues derived from the following categories of clients:

Operations	Gross Revenues	% of Work Subbed Out	Operations	Gross Revenues	% of Work Subbed Out
Aboveground Tank Cleaning	\$		Air Conditioning Equipment	\$	%
Asbestos Abatement	\$		Automatic Sprinklers Installation	\$	%
Bio Remediation	\$	%	Blasting	\$	%
Boiler Installation	\$		Bridge Construction	\$	%
Building Cleaning - Exterior	\$		Building Construction - Commercial	\$	%
Building Construction - Industrial	\$	%	Building Construction - Residential	\$	
Building Raising/Moving	\$	%	Carpentry Contracting	\$	
Cement, Concrete Work	\$		Concrete, Precast Beams & Support	\$	%
Demolition Construction	\$		Electrical Contracting - Commercial	\$	%
Electrical Contracting - Industrial	\$		Electrical Contracting - Residential	\$	%
Elevators and Escalators Installation	\$	%	Erection of Iron or Steel Structural	\$	
Excavation Contracting	\$	%	Fire Extinguishing Equipment	\$	
Fireproofing Contracting	\$	%	Gas Main Construction	\$	
General Construction	\$		Highway, Street, Road Paving	\$	%
Hydro-Blasting Contracting	\$		Incineration Contracting	\$	
Insulation Contracting	\$		Landscaping	\$	%
Lead Abatement	\$		Phone & Power Lines Construction	\$	%
Machinery Contracting	\$		Masonry Contracting	\$	%
Mould Abatement - Commercial	\$		Mould Abatement - Residential	\$	%
Non-Destructive Testing	\$		Painting (exterior)	\$	%
Painting (interior)	\$		PCB Handling	\$	%
Pipeline Construction	\$		Plastering, Lathing including Drywall	\$	%
Plumbing - Commercial	\$	_ %	Plumbing - Industrial	\$	%
Plumbing - Residential	\$	_ %	Refrigeration	\$	%
Road Construction	\$		Roofing – (Cold Shingle)	\$	%
Scaffolding Installation	\$	_ %	Septic Tank Installation	\$	%
Sewer, Water Mains, Steam Mains	\$		Snow Removal, Clearing, Plowing	\$	%
Soil Excavation	\$		Soil/Groundwater Treatment	\$	%
Soil/Well/Ground Water Boring	\$		Solar Energy Construction	\$	%
Subways, Tunnels Construction	\$	_ %	Swimming Pool Installation	\$	%
Terrazzo & Tilework	\$		Underground Cable or Conduit	\$	%
Underground Tank Installation	\$	_ %	Underpinning of Buildings	\$	%
Wastewater Treatment	\$	%	Water Extraction/Drying	\$	%



4.	Is there any work covered under Wrap-Ups?	□ YES	□ NO
	If yes, please confirm the estimated revenues: \$		
5	Does the Applicant employ a designated job site risk manager?	□YES	□NO
6.	Does the Applicant own, operate or lease a water treatment, storage or disposal facility?	□YES	□NO
7.	Does the Applicant recommend, select or arrange for the treatment, storage, disposal of materials?	□YES	□NO
8.	Does the Applicant engage in any of the following:		
	a) Design/build activities?	□YES	□NO
	b) Manufacture, sale, leasing or distribution of any product?	□YES	□NO
	c) Real estate development?	□YES	□NO
	d) Waste management or waste brokering activities?	□YES	□NO
9.	Have there been any significant changes in the Applicant's business strategy within the past 12 months?	□YES	□NO
10.	Have there been any significant changes to the Applicant's management within the past 12 months?	□YES	□NO
11.	Has the Applicant filed for bankruptcy within the last five (5) years?	□YES	□NO
Part II	II: Sub-Contractor Information		
1.	Is there a formal contractual agreement entered into with all sub-contractors?	□YES	□NO
2.	Does the Applicant pre-qualify all sub-contractors?	□YES	□NO
3.	Does the Applicant obtain evidence of insurance from all sub-contractors?	□YES	□NO
	-Owned Automobile – Please provide details of unlicensed automobiles or specially licensed automobil mobile insurance does not apply:	les for which cor	npulsory
1.	Is there an automobile policy covering these vehicles?	□YES	□NO
2.	Number of employees using their automobile on company business: Regularly	Occasionally	
3.	Estimated annual cost of hired automobiles: \$		
4.	Estimated annual cost of automobiles operated under contract: \$ Please provide	le details:	
Wate	ercraft		
1.	Is there any owned or non-owned watercraft exposure or ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant?	□YES	□NO
	If yes, please provide details:		
Airc	raft		
4			
1.	Does the Applicant do any work on airport premises?	□YES	□NO



	it yes, piease provide deta	IIIS:						
	Professionals							
1.	Are there any Architects, E					□ YES	□ NO	
	If yes, please provide deta	-						
2.	Does the applicant do any					□ YES	□NO	
	Please provide qualificatio							
3.	Is specific Errors & Omissi	ions (E&O) coverage	e carried by any of the	e designers/consultan	ts?	□ YES	□NO	
Othe	r							
1.	Does the Applicant have a	any USA or foreign o	perations or sales?			□YES	□NO	
2.	Please provide the revenu	e split for:	USA revenue: \$ _		Foreign re	venue: \$		
3.	Does the Applicant anticip	ate entering other o	perations during the t	erm?		□YES	□NO	
	If yes, please provide deta	nils:						
4.	Are there operations cond	ucted at other owne	d or leased premises	?		□YES	□NO	
5.	Territorial range of operations:							
6.	Describe the average size of job undertaken:							
7.	Describe the largest size of job undertaken:							
Part V	: Limits of Insurance							
1.	Commercial General Lia	bility						
	□ Occurrence Form	☐ Claims-Made F	orm					
	Limit of Liability:	□ \$1,000,000	□ \$2,000,000	□ \$5,000,000				
	Tenant's Legal Liability:	□ \$250,000	□ \$500,000	□ \$1,000,000				
	Contractors E&O:	□ \$250,000	□ \$500,000					
	Faulty Workmanship:	□ \$25,000	□ \$50,000					
	Deductible:	□ \$2,500	□ \$5,000	□ \$10,000				
2.	Contractors Pollution Liability							
	☐ Occurrence Form	☐ Claims-Made F	orm					
	Limit of Liability:	□ \$1,000,000	□ \$2,000,000	□ \$5,000,000				
	Deductible:	□ \$2,500	□ \$5,000	□ \$10,000				



Part VI: Claims History Information

2. Has the Applicant ever been formally or informally disciplined by any regulatory agency due to a PYES NO professional standard misconduct? If yes, please provide details including dates and status of the action: 3. Does the Applicant have any knowledge of any claims or reasonable foreseeable potential claims arising from any contracting operations and/or any professional services rendered by the Applicant? If yes, please provide details: Part VII: Broker Information Name of Brokerage: Brokerage Address: Name of Broker Contact: Is this account NEW to your PES NO office? Part VIII: Declaration Whe hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or misstated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters. Signature of Applicant: Date:	1.	Has the Applicant ever	been subject to any	claim by any cl	ient or third party?		□YES	□NO
grofessional standard misconduct? If yes, please provide details including dates and status of the action: 3. Does the Applicant have any knowledge of any claims or reasonable foreseeable potential claims YES NO arising from any contracting operations and/or any professional services rendered by the Applicant? If yes, please provide details: Part VII: Broker Information		If yes, please provide d	etails including date	s, quantum and	I status of claim: _			
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Signature of Applicant: Date:	state	ed any material facts and						
	Sign	ature of Applicant:				Date:		

NOTE: Underwriters will rely upon complete responses given in this Application Form and any Supplementary Application Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf. We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.