

GENERAL INFORMATION

1. Applicant's Name: _____
 Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
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	Estimated Gross Revenue for the next 12 months	Projected % to be sub-contracted
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

What percentage of the operations are: **Commercial:** _____ **Residential:** _____

Description of Operations	Description of Operations
<input type="checkbox"/> AC and refrigeration – Industrial and Commercial	<input type="checkbox"/> Irrigation and Drainage – Commercial Applications
<input type="checkbox"/> Acoustic ceiling installation	<input type="checkbox"/> Irrigation and Drainage – Residential
<input type="checkbox"/> Alarm system installation (not including sprinklers)	<input type="checkbox"/> Janitorial contracting
<input type="checkbox"/> Blasting - low hazard (If yes, please complete Blasting Liability Survey)	<input type="checkbox"/> Jetty, pier , dock construction
<input type="checkbox"/> Bricklaying, masonry, stucco	<input type="checkbox"/> Landscape gardening - excluding tree removal
<input type="checkbox"/> Building cleaning – exterior (including sandblasting)	<input type="checkbox"/> Locksmith (no alarm installation)
<input type="checkbox"/> Building construction – commercial – new & renovation	<input type="checkbox"/> Machinery – industrial installation
<input type="checkbox"/> Building construction - residential – new & renovation	<input type="checkbox"/> Painting (excluding exterior spray painting)
<input type="checkbox"/> Building raising or moving	<input type="checkbox"/> Painting (including exterior spray painting)
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Paving Contractor – Private Property
<input type="checkbox"/> Carpet and Upholstery cleaning	<input type="checkbox"/> Paving Contractor – Public Roads / Government

<input type="checkbox"/> Chimney sweeping	<input type="checkbox"/> Pest control
<input type="checkbox"/> Cleaning sewers and drains	<input type="checkbox"/> Pile driving
<input type="checkbox"/> Concrete - excluding sewers, tunnels, subway	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Conveyor system installations	<input type="checkbox"/> Remediation Contractor
<input type="checkbox"/> Crane and lift equipment operators	<input type="checkbox"/> Restoration Contractor
<input type="checkbox"/> Datatel Wiring	<input type="checkbox"/> Roofing – hot works <i>(If yes, please complete Roofing Questionnaire)</i>
<input type="checkbox"/> Demolition	<input type="checkbox"/> Roofing – no hot works <i>(If yes, please complete Roofing Questionnaire)</i>
<input type="checkbox"/> Drywall & plastering	<input type="checkbox"/> Sewer , water main, pipeline construction
<input type="checkbox"/> Duct cleaning	<input type="checkbox"/> Sheet metal installation – away from shop
<input type="checkbox"/> Electrician – Common Building Work	<input type="checkbox"/> Sheet metal installation – in shop operation
<input type="checkbox"/> Electrician – Specialty (towers, main power lines, complex apparatus)	<input type="checkbox"/> Sign installation (up to 3 stories)
<input type="checkbox"/> Elevators installation and service	<input type="checkbox"/> Snow removal
<input type="checkbox"/> Excavation	<input type="checkbox"/> Solar energy
<input type="checkbox"/> Fence construction	<input type="checkbox"/> Steam fitting
<input type="checkbox"/> Flooring Installation	<input type="checkbox"/> Tank installation – Other
<input type="checkbox"/> Garden equipment repairs	<input type="checkbox"/> Tank installation – Septic
<input type="checkbox"/> Glazer	<input type="checkbox"/> Tent Set Up
<input type="checkbox"/> Heating (including oil and gas, but no gas hook up)	<input type="checkbox"/> Tiler
<input type="checkbox"/> Heating (including gas hook up)	<input type="checkbox"/> Underground cables
<input type="checkbox"/> Home cleaners	<input type="checkbox"/> Underpinning of buildings
<input type="checkbox"/> Installation – Windows, Awnings & Doors	<input type="checkbox"/> Video & Audio System - Installation
<input type="checkbox"/> Insulation installation	<input type="checkbox"/> Video & Audio System - Repairs
<input type="checkbox"/> Interior decorating	<input type="checkbox"/> Waste Collection
<input type="checkbox"/> Iron and steel construction	<input type="checkbox"/> Water treatment equipment service and repair
<input type="checkbox"/> Water well drilling (no oil & gas or water testing)	<input type="checkbox"/> Welding – in shop <i>(If yes, please complete Welding Questionnaire)</i>
<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Welding – off site <i>(If yes, please complete Welding Questionnaire)</i>
<input type="checkbox"/> Window cleaning – 3 stories or less	<input type="checkbox"/> Window cleaning – over 3 stories

If other, please describe: _____

12. Please describe "scope of services": _____

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

15. Do retail sales of products make up more than 30% of total annual receipts? 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 (If yes, please complete Blasting Liability Survey)	<input type="checkbox"/> Gas Main Work	<input type="checkbox"/> Raising or Moving Buildings
<input type="checkbox"/> Building Envelope Repair/Restoration	<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
<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: _____

LIMITS:

- 19. Deductible: \$1,000 \$2,500 \$5,000
- 20. NOA SPF No. 6: \$1 Million \$2 Million \$5 Million
- 21. Tenants Legal Liability: \$500,000 \$1 Million \$2 Million

CONTRACTOR'S EQUIPMENT AND TOOLS FLOATER:

- 22. Do you require any coverage for equipment and/or tools? YES NO
- 23. Tools (ACV): \$ _____
- 24. Equipment (ACV) - over 3 years old: \$ _____
- 25. Equipment (RC) - less than 3 years old: \$ _____
- 26. If applicable, description of equipment to be included (attach separate schedule if needed):

Item#	Item Description (Year, Make, Model, Serial #)	LIMIT
1.		
2.		
3.		
4.		
5.		

27. Installation floater limit required : \$ _____

ADDITIONAL QUESTIONS - to be Completed Prior to Binding:

Limit of Liability: \$1 Million \$2 Million \$5 Million

Requested Effective Date: _____

Optional E&O Coverage Limit: None – n/a \$100,000 \$250,000 \$500,000

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name: _____ Position Held: _____
 Applicant's Signature: _____ Date: _____
 Brokerage: _____ Broker Phone: _____

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