

CONTRACTORS PLUS INSURANCE APPLICATION

Brokerage: _____ Contact Person: _____
 Name of Insured: _____ o/a: _____
 Mailing Address: _____ City/Prov: _____ Postal Code: _____
 Location Address (if different from mailing): _____
 Telephone: () _____ Website: _____
 Desired effective date: _____ Target/Renewal Premium: _____
 Previous Insurance Company: _____ Is renewal being offered? _____
 Has any insurer cancelled, declined or refused you coverage? Yes No Why? _____
 5 Year Loss History: _____

** Please attach additional information including status, gross amount paid, deductible & steps taken to prevent reoccurrence

UNDERWRITING INFORMATION

Full Description of Business Operations: _____

 Year Business Established: _____ Experience of the Insured: _____
 Has the Insured ever operated under a different name: Yes No Details: _____
 Total Number of Employees: _____ Full Time: _____ Part Time: _____
 Total Gross Revenues anticipated for upcoming year: \$ _____ Payroll: \$ _____

Please complete the following for all operations:

Breakdown of Operations:	Actual Gross Revenues for past 12 Months	Anticipated Gross Revenues for next 12 Months	% to subcontractors

If any subcontracted work, does applicant request proof of liability insurance from all subcontractors: Yes No
 Do you assume liability under any hold harmless agreements or contracts: Yes No Details: _____
 Any rental or leasing of equipment to others: Yes No Details: _____

Please Complete The Following:

All "yes" responses will require more information for our further consideration. Any ** may require a supplemental application.

Airport Premises**	Yes	No	Marine / Dock	Yes	No
Blasting	Yes	No	Oil & Gas	Yes	No
Bridge Work	Yes	No	Product Sales	Yes	No
Cranes	Yes	No	Raising/Moving structures	Yes	No
Demolition/wrecking	Yes	No	Roofing Work**	Yes	No
Drilling	Yes	No	Spraying	Yes	No
Excavation*	Yes	No	Pest Control with use of heat	Yes	No
Mining	Yes	No	Welding on Premises**	Yes	No
Snow Removal**	Yes	No	Welding off Premises**	Yes	No
Plumbing	Yes	No	Work on Vehicles	Yes	No
Strata / Multi Family*	Yes	No	USA or Foreign Exposure	Yes	No
Sprinkler / Fire Suppression	Yes	No	Restoration/Remediation**	Yes	No
Railway Work	Yes	No	Road Construction	Yes	No
Use of Drone / UAV**	Yes	No	Work at heights (>4 storeys)	Yes	No
Shoring/Tunneling/Underpinning	Yes	No			

*If any excavation: please confirm maximum depth: _____ Feet

*If any strata / multi family unit work, please provide revenue breakdown with respect to this: _____%

LIABILITY LIMITS

CGL Limit Required: \$ _____ Deductible: \$ _____
 Tenants Legal Liability Limit: \$ _____ Optional E&O Coverage Limit: \$ _____
 NOA SPF 6. Limit: \$ _____ Other: _____ : \$ _____

PROPERTY COVERAGE

Limits Required:

Tools	\$ _____
Contractors Equipment	\$ _____
Other	\$ _____

***Under our Contractors PLUS program, we have two exceptional property coverage options including up to \$25,000 Contractors Equipment & \$10,000 Tools, for great rates!**

This is available for certain qualifying classes only. Your Special Risk Underwriter will review the above and determine if this risk qualifies. If higher limits of coverage are required or if any claims or losses in the past 5 years, a full property application may be needed to review further.

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____