



TRANS CANADA INSURANCE MARKETING INC.

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**APPLICATION FOR INSURANCE
SMALL CONTRACTORS PACKAGE**

NAME OF BROKERAGE:		
Mailing Address:		
Telephone / Fax:	Phone:	Fax:
Internet Information:	Email:	Web Site:

GENERAL INFORMATION

NAME OF APPLICANT: _____ GENERAL CONTRACTOR INDIVIDUAL

ADDRESS OF APPLICANT: _____ SUB-CONTRACTOR PARTNERSHIP

_____ INDEPENDENT CORPORATION

_____ OTHER: _____

LOSS PAYABLES: _____

EFFECTIVE DATE: _____

DESCRIPTION OF APPLICANT'S ANNUAL REVENUE:

NUMBER OF YEAR IN BUSINESS: _____

CONSTRUCTION TRADE	GROSS RECEIPTS	COST OF SUB-LET WORK

LIST ALL CLAIMS PAID AND/OR OUTSTANDING DURING THE PAST 5 YEARS. SHOW ALL AMOUNTS NET OF DEDUCTIBLE.

DATE	AMOUNT PAID	AMOUNT OUTSTANDING	DEDUCTIBLE	DESCRIPTION

PREVIOUS INSURER: _____

POLICY NUMBER: _____

HAS ANY INSURER EVER CANCELLED, REFUSED OR APPLIED SPECIAL TERMS TO ANY SIMILAR INSURANCE FOR APPLICANT? YES NO

IF YES, GIVE FULL DETAILS:

SPECIAL UNDERWRITING INFORMATION

LOCATION OF BUSINESS CONTENTS:

TYPE OF PROPERTY	LIMIT
BUSINESS CONTENTS	\$
ACCOUNTS RECEIVABLE	\$
VALUABLE PAPERS & RECORDS	\$

OPTIONAL COVERAGE (COMPLETE THIS SECTION ONLY IF BUILDING COVERAGE IS REQUIRED)

BUILDING LOCATION:

CONSTRUCTION: _____ CONSTRUCTION CLASS: _____

OCCUPANCY (OTHER THAN BY APPLICANT, IF APPLICABLE):

- PUBLIC PROTECTION: WITHIN 3 MILES OF RESPONDING FIRE HALL AND 500 FEET OF HYDRANT
- WITHIN 5 MILES OF RESPONDING FIRE HALL
- NOT WITHIN 5 MILES OF RESPONDING FIRE HALL

AGE: _____ NUMBER OF STOREYS: _____
 GROUND FLOOR AREA: _____ REPLACEMENT COST VALUE: \$ _____
 PERILS INSURED: SPECIFIED PERILS BROAD FORM

CONTRACTOR EQUIPMENT AND TOOL FLOATER

ACTUAL CASH VALUE OF EQUIPMENT OVER 3 YEARS OLD (ATTACH DETAILED LIST SPECIFYING MAKE, MODEL NO., DATE OF MANUFACTURE, ETC.):	\$
REPLACEMENT COST OF EQUIPMENT NOT OVER 3 YEARS OLD (ATTACH DETAILED LIST SPECIFYING MAKE, MODEL NO., DATE OF MANUFACTURE, ETC.):	\$
TOTAL VALUE OF EQUIPMENT	\$
ACTUAL CASH VALUE OF TOOLS OVER 3 YEARS OLD (ATTACHED DETAILED LIST SPECIFYING, MAKE, MODEL NO., DATE OF MANUFACTURE, ETC. OF ALL TOOLS, WHICH HAVE AN INDIVIDUAL VALUE OF \$500.00 OR MORE):	\$
REPLACEMENT COST OF TOOLS NOT OVER 3 YEARS OLD (ATTACH DETAILED LIST SPECIFYING MAKE, MODEL NO., DATE OF MANUFACTURE, ETC. OF ALL TOOLS WHICH HAVE AN INDIVIDUAL VALUE OF \$500.00 OR MORE	\$
TOTAL VALUE OF TOOLS	\$

IS ANY TOOL OR EQUIPMENT LEASED OR RENTED FROM OTHERS? YES NO
 EQUIPMENT STORAGE LOCATION:

MAXIMUM VALUE OF EQUIPMENT AND TOOLS INSIDE THE BUILDING: \$ _____

DOES APPLICANT HAVE FACILITIES FOR REPAIRING OR SERVICING OWN EQUIPMENT? YES NO

“ANY PIECE OF EQUIPMENT WITH A VALUE OF \$1,500.00 OR LESS SHOULD BE INCLUDED UNDER TOOL

“ANY TOOL WITH A VALUE GREATER THAN \$1500.00 SHOULD BE INCLUDED UNDER EQUIPMENT

INSTALLATION FLOATER

TYPE OF PROPERTY INSTALLED

NAME OF INSTALLER OR SUB-CONTRACTOR _____

INSTALLATION NORMALLY YES NO

NUMBER OF JOBS IN PROGRESS AT ANY ONE TIME AVERAGE: _____ MAXIMUM: _____

AVERAGE NUMBER OF DAYS TO COMPLETE INSTALLATION _____

ANNUAL VALUES INSTALLED \$ _____

VALUE OF PROPERTY AT ANY ONE LOCATION

AVERAGE: _____ MAXIMUM: _____

MAXIMUM VALUE IN ANY ONE TRANSIT \$ _____

AVERAGE DURATION OF TRANSIT _____

NORMAL METHOD OF TRANSPORTATION OF PROPERTY TO BE INSTALLED:

CRIME (COMPLETE IF COVERAGE REQUIRED)

EMPLOYEE DISHONESTY (FORM A) LIMIT: \$ _____

LOSS INSIDE PREMISES LIMIT: \$ _____

LOSS OUTSIDE PREMISES UNIT: \$ _____

MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY LIMIT: \$ _____

DEPOSITOR'S FORGERY LIMIT: \$ _____

NUMBER OF EMPLOYEES: CLASS 1: _____ CLASS 2: _____

NUMBER OF PERSONS: (OWNERS, ACCOUNTANTS, MESSENGERS, ETC.) CARRY MONEY OUTSIDE PREMISES) _____

LIABILITY

EACH OCCURRENCE LIMIT: \$1,000,000 \$2,000,000

CONSTRUCTION TRADE	AMOUNT
	\$
	\$
	\$
ANNUAL GROSS RECEIPTS:	\$

IS AN INCREASED PROPERTY DAMAGE DEDUCTIBLE REQUIRED? YES \$ _____ NO

NUMBER OF EMPLOYEES INCLUDING PART-TIME: _____

IS CASUAL OR UNSKILLED LABOUR EMPLOYED? YES NO IF YES, HOW OFTEN?

WHAT PERCENTAGE OR OPERATIONS IS

RESIDENTIAL WORK: % COMMERCIAL WORK: %

URBAN: % RURAL: %

DO OPERATIONS TAKE PLACE OUTSIDE CANADA? YES NO

IS EQUIPMENT EVER RENTED OR LEASED TO OTHERS? YES NO

COST OF WORK SUBLET? \$ _____

SUB-CONTRACTOR REQUIRED TO CARRY LIABILITY INSURANCE? YES NO

ARE CERTIFICATES OF LIABILITY INSURANCE ALWAYS OBTAINED FROM SUB-CONTRACTORS?

YES NO

IS FORMAL CONTRACTUAL AGREEMENT ENTERED INTO WITH SUB-CONTRACTORS? YES NO

IF YES, IS A HOLD HARMLESS? CLAUSE INCLUDED IN APPLICANTS FAVOUR? YES NO

IS ANY WORK CARRIED OUT AT ANY OIL OR NATURAL GAS PRODUCTION EXPLORATION OR PROCESSING FACILITY? YES NO

HOW MANY YEARS EXPERIENCE IN THE TYPE OF OPERATIONS UNDERTAKEN DO THE APPLICANT AND KEY EMPLOYEES HAVE? _____

IS ANY WORK CARRIED OUT AT ANY OIL OR NATURAL GAS PRODUCTION EXPLORATION OR PROCESSING FACILITY? YES NO

DO COMPLETED OR PLANNED PROJECTS INCLUDE ANY OF THE FOLLOWING?

Blasting <input type="checkbox"/> YES <input type="checkbox"/> NO	Oilfield Work <input type="checkbox"/> YES <input type="checkbox"/> NO	Tunneling <input type="checkbox"/> YES <input type="checkbox"/> NO
Bridges <input type="checkbox"/> YES <input type="checkbox"/> NO	Pile Driving <input type="checkbox"/> YES <input type="checkbox"/> NO	Underpinning <input type="checkbox"/> YES <input type="checkbox"/> NO
Caissons <input type="checkbox"/> YES <input type="checkbox"/> NO	Raising Or Moving Of Building <input type="checkbox"/> YES <input type="checkbox"/> NO	Use of Explosives <input type="checkbox"/> YES <input type="checkbox"/> NO
Dams <input type="checkbox"/> YES <input type="checkbox"/> NO	Rigging <input type="checkbox"/> YES <input type="checkbox"/> NO	Welding <input type="checkbox"/> YES <input type="checkbox"/> NO
Excavating <input type="checkbox"/> YES <input type="checkbox"/> NO	Shoring <input type="checkbox"/> YES <input type="checkbox"/> NO	Wrecking <input type="checkbox"/> YES <input type="checkbox"/> NO
Land Clearing <input type="checkbox"/> YES <input type="checkbox"/> NO	Structural Steel <input type="checkbox"/> YES <input type="checkbox"/> NO	

TENANTS LEGAL LIABILITY

LOCATION OF PREMISES	AMOUNT TO BE INSURED:
	\$
	\$
	\$

OPTIONAL COVERAGE:

RENT OR RENTAL VALUE: SPECIFIED PERILS BROAD FORM PERILS

LOCATION OF PREMISES	AMOUNT TO BE INSURED:
	\$
	\$
	\$

COINSURANCE: 100% 50%

SIGNATURES

PRODUCER: _____

DATE: _____

APPLICANT: _____

DATE: _____