

CONTRACTOR'S QUESTIONNAIRE



New Business

Renewal

Agent/Broker	Policy Number
Name of Applicant	

1. (a) Applicant's business is:

(b) Year business established: _____

(c) Business Postal Address: _____ Postal Code: _____

2. Location of all of Applicant's premises and operations - indicate Owner (O); Lessee (L); Tenant (T):

	Payroll	Revenue	Work Sublet
a) Past year	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>
b) Next year estimate	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>

4. List all operations performed by Applicant:

	% Revenue
_____	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>

5. List all operations performed for Applicant by subcontractors:

	% Sublet Cost
_____	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>

6. List and describe all contracts over \$100,000 in the past year:

Has the Applicant been involved in wrap-up policies in the past five years? Yes No
 If " Yes" , please provide full details of work undertaken.

6. (cont'd) What is the breakdown for work performed by or on behalf of the Applicant?

Commercial % Industrial % Residential % New Construction % Renovation %

7. In what territories does Applicant conduct operations:

Canada U.S.A. Other: _____

8. Does Applicant request proof of insurance from subcontractors?

Yes No If " Yes" , indicate the limit of liability required: \$ _____

9. Does Applicant engage in any of the following operations? (If " Yes" , please provide full details of work undertaken.)

	Yes	No		Yes	No		Yes	No
Demolition or Wrecking	<input type="checkbox"/>	<input type="checkbox"/>	Caisson Work	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>
Raising or Moving	<input type="checkbox"/>	<input type="checkbox"/>	Shoring	<input type="checkbox"/>	<input type="checkbox"/>	Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	Tunnelling	<input type="checkbox"/>	<input type="checkbox"/>	Handling of PCBs	<input type="checkbox"/>	<input type="checkbox"/>
Use of Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>	Tank Remediation	<input type="checkbox"/>	<input type="checkbox"/>
Welding (off premises)	<input type="checkbox"/>	<input type="checkbox"/>	Bridge/Dam	<input type="checkbox"/>	<input type="checkbox"/>	Mould Abatement	<input type="checkbox"/>	<input type="checkbox"/>
Testing of Equipment i.e. gas connection, pressure vessels	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Isotopes	<input type="checkbox"/>	<input type="checkbox"/>	Mould Prevention Treatment	<input type="checkbox"/>	<input type="checkbox"/>

10. Does Applicant perform work in: (If " Yes" , please provide full details of work undertaken.)

	Yes	No		Yes	No		Yes	No		Yes	No
Aerospace	<input type="checkbox"/>	<input type="checkbox"/>	Airport	<input type="checkbox"/>	<input type="checkbox"/>	Oil and Gas	<input type="checkbox"/>	<input type="checkbox"/>	Nuclear	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Railroad	<input type="checkbox"/>	<input type="checkbox"/>	Scientific	<input type="checkbox"/>	<input type="checkbox"/>			

11. What are the safety measures taken to protect the public on and off site?

12. Does Applicant rent or lease mechanical equipment to or from others?

Yes No If " Yes" , state type and whether with or without operator.

13. Is Applicant bonded by a " contract surety" company? Yes No

14. Has Applicant signed any contracts containing "hold harmless" clauses in favour of others?

Yes No If " Yes" , please attach copies of agreement.

15. Are company owners, executive officers or other office employees covered under Worker's Compensation?

Yes No

16. How are waste materials disposed of?

Waste Material	Disposal Method
_____	_____
_____	_____
_____	_____
_____	_____

17. Describe all claims, including any outstanding, and fees for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:

What action has been taken to eliminate future accidents?

18. Name the current Insurer: _____ Policy No.: _____

19. Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three years?

Yes No If " Yes" , please provide full details.

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION CONTAINED IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

_____ Date _____ Signature of Applicant