



# CONTRACTOR'S BASIC POLICY APPLICATION/WORKSHEET

<b>GENERAL INFORMATION:</b>								
<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> RENEWAL <input type="checkbox"/> QUOTATION ONLY <input type="checkbox"/> REPLACING POLICY NO.								
<b>BROKER:</b>							<b>AGENCY NO.:</b>	
<b>EFF. DATE</b>	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>	<b>EXPIRY DATE</b>	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>	12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN
<b>NAME &amp; MAILING ADDRESS OF INSURED:</b>						<b>ADDRESS OF INSURED PREMISES (IF DIFFERENT FROM MAILING ADDRESS):</b>		
INSURED IS THE <input type="checkbox"/> LESSOR <input type="checkbox"/> OWNER/OCCUPANT <input type="checkbox"/> TENANT								
<b>INSURED'S BUSINESS (DESCRIBE)</b>					<b>OTHER BUSINESSES IN BUILDING (DESCRIBE)</b>			
TOWN CLASSIFICATION: <input type="checkbox"/> METRO <input type="checkbox"/> PROTECTED <input type="checkbox"/> UNPROTECTED								
LOSS, IF ANY, IS PAYABLE AS FOLLOWS:						ABSENCE OF ENTRY INDICATES LOSS PAYABLE TO INSURED		
<b>PACKAGE:</b>								
DEDUCTIBLE <input type="checkbox"/> \$500 (No other deductible options)						<b>POLICY LIMIT</b>	<b>LIMIT</b>	<b>PREMIUM</b>
TOOL FLOATER (\$2500 limit per item or set, unless scheduled)						\$5,000	\$	\$
BUSINESS LIABILITY (GROSS RECEIPTS)							\$	\$
<b>OPTIONAL COVER</b>								
BUSINESS CONTENTS						\$	\$	
CONTRACTOR'S EQUIPMENT (Attach Schedule)						\$	\$	
INSTALLATION FLOATER						\$	\$	
ADDITIONAL INSURED _____							<input type="checkbox"/> Yes	\$
							<b>TOTAL:</b>	\$

# UNDERWRITING INFORMATION

## GENERAL:

1. Annual Gross Sales/Receipts excluding Rental Income: \$ \_\_\_\_\_ Annual Gross Rental Income: \_\_\_\_\_
2. Insured has been in business \_\_\_\_\_ years.
3. Insured has had insurance \_\_\_\_\_ years.
4. What percentage of gross receipts are sublet work? \_\_\_\_\_ %
5. Is Applicant  Individual  Partnership  Corporation
6. If the Applicant is a "Limited Company" provide the names of all principals
7. Is any portion of the building or any apartment vacant, unoccupied or seasonal?  Yes  No

## HISTORY:

Please provide details of any losses or claims which have occurred during the last 5 years. If none, please so indicate.

Name of Previous Insurer:

POLICY NO.

Has any form of insurance on your property ever been cancelled, declined or has renewal been refused or special/restrictive terms imposed. If so, provide details:

## DISCLOSURE:

Where (a) an Applicant for a contract, (i) gives false particulars to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact 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 under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

### Consent

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 to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

DATE

Signature of Applicant

## REMARKS:

1. Is this new business to your Agency?  Yes  No
2. Do you know the Applicant personally?  Yes  No If so, for how long?
3. Can and do you recommend all the Applicants as persons of honesty and financial stability?  Yes  No
4. Does the risk qualify for the Coverage applied for? (i.e. All Risk)  Yes  No
5. Do you recommend acceptance of this risk?  Yes  No If "No", explain
6. Have you personally viewed this risk?  Yes  No
7. Are there any deficiencies in maintenance or housekeeping?  Yes  No  
If yes, please describe.

Signature of Agent/Salesperson \_\_\_\_\_

Date \_\_\_\_\_