

**ALL QUESTIONS MUST BE ANSWERED. THE APPLICANT MUST ACCEPT THE INSURER'S QUOTATION BEFORE
COVERAGE CAN BE EFFECTED.**

BROKER: _____

GENERAL INFORMATION

Name of applicant: _____

Applicant is: individual partnership other (specify) _____
 association corporation

In existence since: _____

Names and personal experience of owners:

Mailing address: _____ Postal code: _____

Internet address: _____

General description of operations:

Any subsidiaries? Yes No

If yes, describe: _____

Are these subsidiaries to be insured also?

Yes No

BUSINESS PROPERTY

Describe all premises owned, rented or used by the applicant:

Address	Occupancy by insured / by others	Area	Sprinklered Yes / No	Owner or Tenant?	Building construction

Are any elevators owned or controlled by the applicant? Yes No

If yes, specify type, use, capacity and location:

Does the applicant own or control land? Yes No

If yes, specify location, area and use:

Does the applicant own or control aircrafts or watercrafts? Yes No Does he lease? Yes No

If yes, specify type and use: _____

BUSINESS OPERATIONS

Total annual remuneration of drivers: _____

Number of vehicles: _____

List and describe operations of applicant	Total employees payroll	Number of employees	Total receipts

Does the applicant sign contracts relieving suppliers from all liability? Yes No

If yes, describe and attach copies of all the contracts:

Does the applicant utilize sub-contractors?

Yes No

If yes, indicate type and cost of sub-let work:

_____ \$
 _____ \$
 _____ \$

Does the applicant require any evidence of liability insurance from the sub-contractors? Yes No

Amount of insurance required? _____

Does the applicant lease or rent equipment to others? Yes No with operator without operator

Annual receipts: _____

Type of equipment leased or rented to others:

FOREIGN SALES – ACQUISITIONS

Give total sales for each class of products manufactured or sold outside of Canada:

Product	Destination	Total sales

Does the applicant deliver, install or service his products outside of Canada? Yes No

If yes, provide details: _____

Does the applicant import any raw material from other countries? Yes No

If yes, state type of material, country of origin and name of supplier:

Has the applicant acquired other companies within the last five years? Yes No

If yes, are there still products on the market for which he must honour a guarantee? Yes No

If yes, give details: _____

OTHER ACTIVITIES

Number of builder's risk usually undertaken simultaneously: _____

Number of foremen: _____

Does the applicant employ any professionals? Yes No

If yes, specify:

State major contracts during last 3 years:

Which of the following operations does the applicant perform:

• Roofing? Yes No

If yes, give details: _____

• Demolition work? Yes No

If yes, give details: _____

• Underpinning? Yes No

If yes, give details: _____

• Pile driving? Yes No

If yes, give details: _____

• Perform any operations in harbours, airports or mines? Yes No

If yes, give details: _____

Does the applicant use:

• Explosives? Yes No

If yes, give details: _____

• Nuclear energy? Yes No

If yes, give details: _____

• Laser beams? Yes No

If yes, give details: _____

Does the applicant perform any welding operations away from his premises? Yes No

If yes, give details: _____

Does the applicant provide lawn-treatment services? Yes No

Does the applicant use or handle chemicals products during his operations? Yes No

If yes, specify type and quantity:

Has the applicant discontinued the manufacture or sale of any product line due to a known or suspected default in the product?

Yes No

If yes, give details:

Are products labelled?

ULC

CSA

ISO _____

Other _____

Is there quality control?

Yes

No

If so, explain : _____

HISTORY OF APPLICANT

New client for the Broker? Yes No

Current insurer: _____

Policy No.: _____ Expiry date: _____

Has any insurer cancelled or refused insurance to the applicant? Yes No

If yes, explain why :

Has the applicant suffered any losses or notified his insurer of any possible claims within the past five (5) years?

Yes No If yes, give details:

Is the applicant aware of any facts or circumstances that may give rise to any future loss? Yes No

If yes, give details: _____

COVERAGES REQUIRED

Amount of insurance: _____

Property damage deductible: _____

Each occurrence Each claimant

Products – completed operations: Yes No

Tenants’ legal liability: Yes No

Amount of insurance each location: _____

Medical expenses: Yes No

Amount any one person: _____

Elevator collision: Yes No

Amount of insurance: _____

Employee benefits programs Liability: Yes No

Amount each claim: _____ Per policy term _____

Others, give details:

I declare that all the information stated in this application is true.

Applicant’s signature

Date

Broker’s signature

Date