



Contact Information:  
<http://tcim.ca/our-people/>

**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:	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> INDIVIDUAL
	<input type="checkbox"/> SUB-CONTRACTOR	<input type="checkbox"/> PARTNERSHIP
ADDRESS OF APPLICANT:	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> 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



**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

<i>CONSTRUCTION TRADE</i>	<i>AMOUNT</i>
	\$
	\$
	\$
<i>ANNUAL GROSS RECEIPTS:</i>	\$

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 OF 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: