

**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