

All questions must be answered. The applicant must accept the insurer's quotation before coverage can be effected.

GENERAL INFORMATION

Name of applicant/insured: _____ Insured's website: _____

Address of applicant/insured: _____

City: _____ Province: _____ Postal code: _____

Key contact person: _____ Phone: _____ Email: _____

Applicant/Insured is: Individual Association Partnership Corporation Other (specify) _____

In existence since: _____

Names of all Directors/Principals	Years of experience	Names of all Directors/Principals	Years of experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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/insured.

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

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

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

Does the applicant/insured own or control the land? Yes No

If yes, specify location, area and use: _____

Does the applicant/insured own or control aircraft or watercraft? Yes No Does applicant /insured lease? Yes No

If yes, specify location, area and use: _____

FOREIGN SALES - ACQUISITIONS

Does the applicant/insured deliver, install or service their products outside of Canada: Yes No

If yes, provide details: _____

Does the applicant/insured import any raw materials from other countries? Yes No

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

Has the applicant/insured acquired other companies within the last five (5) years? Yes No

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

If yes, provide details: _____

OTHER ACTIVITIES

Number of builder's risk usually undertaken simultaneously: _____

Number of foreman: _____

Does the applicant/insured employ any professionals? Yes No

If yes, specify: _____

State the major contracts during the last three (3) years

Check all of the following operations performed by the applicant/insured. Provide details for all items checked.

- | | Details |
|--|---------|
| <input type="checkbox"/> Roofing | _____ |
| <input type="checkbox"/> Demolition work | _____ |
| <input type="checkbox"/> Underpinning | _____ |
| <input type="checkbox"/> Pile driving | _____ |
| <input type="checkbox"/> Perform any operations in harbours, airports or mines | _____ |

Check all of the following used by the applicant/insured. Provide details for all items checked.

- | | |
|---|-------|
| <input type="checkbox"/> Explosives | _____ |
| <input type="checkbox"/> Nuclear energy | _____ |
| <input type="checkbox"/> Laser beams | _____ |

OTHER ACTIVITIES

Does the applicant/insured perform any welding operations away from their premises? Yes No

If yes, provide details: _____

Does the applicant/insured provide lawn treatment services? Yes No

Does the applicant/insured use or handle chemical products during their operations? Yes No

If yes, specify type and quantity: _____

Has the applicant/insured discontinued the manufacture or sale of any product line due to a known or suspected defect in the product? Yes No

If yes, provide details: _____

How are products labelled? ULC CSA ISO _____ Other _____

Is there quality control? Yes No

If yes, provide details: _____

HISTORY OF APPLICANT / INSURER

New client for the Broker? Yes No

Current insurer: _____

Policy number: _____ Expiry date: _____

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

If yes, provide details: _____

Has the applicant/insured suffered any losses or notified their insurer of any possible claims within the past five (5) years? Yes No

If yes, provide details: _____

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

If yes, provide details: _____

HISTORY OF APPLICANT / INSURER

Amount of insurance: _____

Property damage deductible: _____ Each occurrence Each claimant

Check all of the following items that apply

 Products - completed operations Tenants' legal liability Amount of insurance each location: _____ Medical expenses Amount for any one person: _____ Elevator collision Amount of insurance: _____ Employee benefits programs liability Amount each claim _____ Per policy term _____ Other Provide details: _____

_____ **Please check here if you would like a quote for Premium Financing.**

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

Name and Title: _____

Applicant's signature _____ Date: _____

Broker's signature _____ Date: _____