

# CHUTTER

## UNDERWRITING SERVICES

### CONTRACTORS APPLICATION

*This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely. Please do not leave any question unanswered. If the space provided is insufficient please attach details on a separate sheet, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.*

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Name of Applicant.

List all of the companies and operating names to be insured.

Mailing address including postal code of Applicant.

List all temporary, leased and owned locations of Applicant.

Provide a full description of all operations including operations performed, service provided, and products handled.

List the number of years in operation.

List the years of experience of the principals.

Indicate the total Gross Payroll (excluding benefits) forecast for the next 12 months.

Indicate the total number of employees on staff (including principals).

Full time

Part time

Are all employees covered by Workers Compensation? Yes No

If no, state all exceptions.

Please provide your website address.

Does your website accurately reflect your current operations? Yes No

If no, please elaborate.

Provide full details on the total Gross Revenue forecast to be generated during the next 12 months. Split the Gross Revenue by type of operations/sales and destination country (indicate if other than in Canadian currency).

What was your total Gross Revenue for the past 12 months?

Canada USA Foreign

Is there any work committed to sub-contractors or independent contractors? Yes No

Type of work and annual cost?

Are all sub-contractors and independent contractors required to provide evidence of CGL Insurance to the Applicant?

Yes No

If yes, provide the minimum limit.

Are the sub-contractors required to add the Applicant as an Additional Insureds under the sub-contractors CGL Insurance?

Yes No

Has the Applicant been involved in similar operations under a different name(s)? Yes No

If yes, please provide names(s).

Have any insurer declined, cancelled or refused to renew the Applicant's Liability Insurance in the past 3 years?

Yes No

If yes, provide details.

Have there been any liability incidents, claims or losses (whether insured or not) that have occurred during the past 5 years? (if the operation is new or less than 5 years old, we still require a 5 year history based on past experience)

Yes                      No

If yes, provide all details including the date of loss, type of damage (BI/PD), details of the circumstance and damage/injuries, payments to third parties, expense paid, and if not yet resolved any outstanding reserves. All amounts should shown before an deductible/reimbursement is applied.

If there have been any incidents, claims or losses, please provide commentary on any steps taken to prevent reoccurrence including implemented Lose Prevention techniques.

List the top 3 principal customers/clients and their operations.

List all insured vehicles to be insured through a CGL.

List all watercraft to be insured through the CGL.

Do you own or lease any railcars?                      Yes                      No

If yes, provide details such as the # of cars, area travelled and if leased the type of Service Agreement.

Are there any operations or known sales, directly or indirectly, outside of Canada.                      Yes                      No

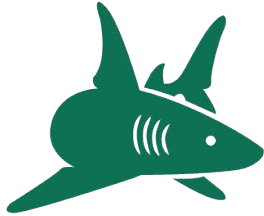
If yes, list the details of the operations or sales including the dollar amount generated and the destination country.

Do you have any USA or Foreign locations?                      Yes                      No

If yes, provide details.

Have you completed, as applicable, one of the following Chutter supplements?

Contractors Supplement	Yes	No
Product Supplement	Yes	No
Excess/Umbrella Supplement	Yes	No



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## UNDERWRITING SERVICES

Indicate the percentage of Gross Revenue applicable to:

Residential work (being single family dwellings).

Commercial work (being all other work including apartment, townhouses and condo complexes).

Other (describe).

Indicate the percentage of work on new structures versus work on existing facilities:

New structures

Existing Facilities

Indicate the percentage split on Total Gross Revenue:

Labour

Materials

What is the percentage of Gross Revenue derived from ongoing maintenance work?

List your 3 largest projects in the past 3 years (Type and dollar value).

What is the average size of a job in dollar value?

Does your operation purchase land and put in services?

Yes

No

Do you engage in the following operations/work? If yes, check box.

Demolition

Wrecking

Blasting

Drilling

Excavation

Shoring

Tunneling

Underpinning

Turnkey Work

Marine Work

Railway Work

Mining Work

Airport Work

Bridge Work

Oil & Gas Work

Structural Work

Mechanical Work

Underground Storage Tanks

Pressure Vessels/Boilers

Operation of Cranes

Welding, Torching, Open Flame (off premises)

Spraying (exterior paint)

Spraying (pressure washing)

Spraying (pesticides)

Underground Operations

Provide details for any of the above operations where you have stated yes. (i.e. Blasting details; type of demolition; depth of excavation; extent of shoring; underpinning; amount and type of specialty work.)

**What is the estimated annual Gross Revenue separately insured under CGL Wrap-Up policies?**

**Do you usually control the purchase of the Wrap-Up policy?** Yes No

If so, what limit do you generally purchase? Comp. Op's Term?

**Do your operations conform to all standard industry practices?** Yes No

**Provide an annual Gross Revenue history for the past 3 years.**

**What instructions and training will be given to new employees?**

**Describe any contractual agreements where you assume the liability of another party.**

**Do you produce a finished product and/or have your own product line?** Yes No

If Yes, provide details.

**If your operations involve Roofing, indicate the annual Gross Revenue forecasted and applicable split:**

CUS uses the following main categories to distinguish exposure - all revenues (for all services, labor & materials provided at invoice value) from work associated with a particular category (such as prep work, flashings, drains, clean up, etc.) should be declared within that category.

	New Structure	Re-roofing/Repairs	Total
1 - Hot work involving open flame torch - such as torch on membrane, torch applied systems, modified bitumen using torch.			
2 - Hot work other than open flame torch or hot air welding - such as hot BUR (Built up roof), hot mop, hot asphalt, hot tar & gravel - all involve the use of a kettle and hot liquid.			
3 - Hot air welding - TPO (Thermoplastic Olefen), PVC (Poly Vinyl Chloride), heat guns, heat welders, thermal welding.			
4 - Cold work other than shake, shingle, tile or metal roofing - such as cold BUR (Built up roof), cold membrane, EPDM (Ethylene Propylene Diene Monomer - rubber based), modified bitumen (adhesive/peel and stick).			
5 - Shake, shingle, tile and metal clad roofing.			
6 - Non-Roofing related (describe)			

**TOTAL**

**Date**

**Signature**

BROKER INFORMATION

Name:

Address:

Contact Person:

Email Address:

Phone #:

Fax #:

Is this a current client of your office?      Yes                      No

What is the current renewal date?

Who is the current insurer?

Expiring Premium?

Expiring Limit?

Expiring Deductible

Liability Coverage and Limit required?

Target Premium?

Date

Signature