

**INSTRUCTIONS**

This application is not intended to restrict or limit a full declaration of all information. All questions must be answered completely. If the space provided is insufficient, attach details on a separate sheet.

**SECTION A — APPLICANT DETAILS**

NAME OF APPLICANT — LIST ALL COMPANIES AND OPERATING NAMES TO BE INSURED

MAILING ADDRESS (INCLUDING POSTAL CODE) OF APPLICANT

LIST ALL TEMPORARY, LEASED AND OWNED LOCATIONS OF APPLICANT

FULL DESCRIPTION OF ALL OPERATIONS — OPERATIONS PERFORMED, SERVICES PROVIDED, AND PRODUCTS HANDLED

NUMBER OF YEARS IN OPERATION

YEARS OF EXPERIENCE OF THE PRINCIPALS

GROSS PAYROLL — NEXT 12 MO (\$)

EMPLOYEES — FULL TIME (#)

EMPLOYEES — PART TIME (#)

**SECTION B — OPERATIONS, REVENUE & PRIOR INSURANCE**

Are all employees covered by Workers' Compensation?

Yes  No

IF NO, STATE ALL EXCEPTIONS

WEBSITE ADDRESS

Does your website accurately reflect your current operations?

Yes  No

IF NO, PLEASE ELABORATE

**GROSS REVENUE**

Forecast total gross revenue for next 12 months, split by operation/sales type and destination country.

GROSS REVENUE FORECAST — NEXT 12 MONTHS (SPLIT BY TYPE AND COUNTRY)

TOTAL GROSS REVENUE — 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 / 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 Insured under their CGL insurance?

Yes  No

Has the applicant been involved in similar operations under a different name(s)?

Yes  No

IF YES, PLEASE PROVIDE NAME(S)

Has any insurer declined, cancelled or refused to renew the applicant's liability insurance in the past 3 years?

Yes  No

IF YES, PROVIDE DETAILS

**SECTION C — CLAIMS HISTORY & ADDITIONAL EXPOSURES**

Have there been any liability incidents, claims or losses (whether insured or not) during the past 5 years?  Yes  No

If yes, provide all details: date of loss, type of damage (BI/PD), circumstances, payments to third parties, expenses paid, outstanding reserves.

CLAIM / LOSS DETAILS

COMMENTARY ON STEPS TAKEN TO PREVENT REOCCURRENCE / LOSS PREVENTION TECHNIQUES IMPLEMENTED

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 (# OF CARS, AREA TRAVELLED, TYPE OF SERVICE AGREEMENT IF LEASED)

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

IF YES, LIST DETAILS INCLUDING DOLLAR AMOUNT GENERATED AND DESTINATION COUNTRY

Do you have any USA or foreign locations?  Yes  No

IF YES, PROVIDE DETAILS

HAVE YOU COMPLETED, AS APPLICABLE, THE FOLLOWING CHUTTER SUPPLEMENTS?

- |                              |  |
|------------------------------|--|
| Contractors Supplement       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Product Supplement           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Excess / Umbrella Supplement | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CONTRACTORS SUPPLEMENT**

PERCENTAGE OF GROSS REVENUE APPLICABLE TO

RESIDENTIAL (SINGLE FAMILY) %

COMMERCIAL %

OTHER %

DESCRIBE 'OTHER' WORK

% WORK ON NEW STRUCTURES

% WORK ON EXISTING FACILITIES

% OF TOTAL GROSS REVENUE — LABOUR

% OF TOTAL GROSS REVENUE — MATERIALS

% OF GROSS REVENUE FROM ONGOING MAINTENANCE WORK

AVERAGE SIZE OF A JOB (\$ VALUE)

LIST YOUR 3 LARGEST PROJECTS IN THE PAST 3 YEARS (TYPE AND DOLLAR VALUE)

Does your operation purchase land and put in services?

Yes  No

DO YOU ENGAGE IN THE FOLLOWING OPERATIONS / WORK? (CHECK ALL THAT APPLY)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Demolition                 | <input type="checkbox"/> Wrecking                    | <input type="checkbox"/> Blasting                                       |
| <input type="checkbox"/> Drilling                   | <input type="checkbox"/> Excavation                  | <input type="checkbox"/> Shoring  |
| <input type="checkbox"/> Tunneling                  | <input type="checkbox"/> Underpinning                | <input type="checkbox"/> Turnkey Work                                   |
| <input type="checkbox"/> Marine Work                | <input type="checkbox"/> Railway Work                | <input type="checkbox"/> Mining Work                                    |
| <input type="checkbox"/> Airport Work               | <input type="checkbox"/> Bridge Work                 | <input type="checkbox"/> Oil & Gas Work                                 |
| <input type="checkbox"/> Structural Work            | <input type="checkbox"/> Mechanical Work             | <input type="checkbox"/> Underground Storage Tanks                      |
| <input type="checkbox"/> Pressure Vessels / Boilers | <input type="checkbox"/> Operation of Cranes         | <input type="checkbox"/> Welding / Torching / Open Flame (off premises) |
| <input type="checkbox"/> Spraying (exterior paint)  | <input type="checkbox"/> Spraying (pressure washing) | <input type="checkbox"/> Spraying (pesticides)                          |
| <input type="checkbox"/> Underground Operations     |  |   |

**CONTRACTORS SUPPLEMENT (continued)**

PROVIDE DETAILS FOR ANY OPERATIONS MARKED YES (BLASTING, DEMOLITION, EXCAVATION DEPTH, SHORING, UNDERPINNING, SPECIALTY WORK)

EST. ANNUAL GROSS REVENUE SEPARATELY INSURED UNDER CGL WRAP-UP POLICIES (\$)

Do you usually control the purchase of the Wrap-Up policy?

Yes  No

WRAP-UP LIMIT PURCHASED (\$)

COMPLETED OP'S TERM

Do your operations conform to all standard industry practices?

Yes  No

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

**BROKER INFORMATION**

BROKER NAME

CONTACT PERSON

ADDRESS

EMAIL ADDRESS

PHONE #

FAX #

Is this a current client of your office?

 Yes  No

CURRENT RENEWAL DATE

CURRENT INSURER

EXPIRING PREMIUM (\$)

EXPIRING LIMIT (\$)

EXPIRING DEDUCTIBLE (\$)

TARGET PREMIUM (\$)

LIABILITY COVERAGE AND LIMIT REQUIRED

SIGNATURE

DATE