



# CONTRACTOR'S POLICY APPLICATION/WORKSHEET

<b>GENERAL INFORMATION:</b>								
<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> RENEWAL <input type="checkbox"/> QUOTATION ONLY <input type="checkbox"/> REPLACING POLICY NO.								
<b>BROKER:</b>							<b>AGENCY NO.:</b>	
EFF. DATE	DAY	MONTH	YEAR	EXPIRY DATE	DAY	MONTH	YEAR	12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN
NAME & MAILING ADDRESS OF INSURED:					ADDRESS OF INSURED PREMISES (IF DIFFERENT FROM MAILING ADDRESS):			
INSURED IS THE <input type="checkbox"/> LESSOR <input type="checkbox"/> OWNER/OCCUPANT <input type="checkbox"/> TENANT								
INSURED'S BUSINESS (DESCRIBE)				OTHER BUSINESSES IN BUILDING (DESCRIBE)				
TOWN CLASSIFICATION: <input type="checkbox"/> METRO <input type="checkbox"/> PROTECTED <input type="checkbox"/> UNPROTECTED								
LOSS, IF ANY, IS PAYABLE AS FOLLOWS:					ABSENCE OF ENTRY INDICATES LOSS PAYABLE TO INSURED			
<b>PACKAGE:</b>								
DEDUCTIBLE <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000				POLICY LIMIT		LIMIT	PREMIUM	
BUSINESS CONTENTS				\$5,000		\$	\$	
COMMERCIAL POLICY ENHANCEMENT ENDORSEMENT – E72							\$ Incl.	
BUSINESS LIABILITY						\$1,000,000 <input type="checkbox"/>	\$	
INCREASED LIMITS FOR:				POLICY LIMIT		LIMIT	PREMIUM	
ACCOUNTS RECEIVABLE				\$ 25,000		\$	\$	
FIRE DEPARTMENT CHARGES				\$ 25,000		\$	\$	
OUTDOOR SIGNS				\$ 15,000		\$	\$	
PROPERTY IN TRANSIT OR TEMPORARILY OFF PREMISES				\$ 25,000		\$	\$	
TENANTS LEGAL LIABILITY				\$ 100,000		\$	\$	
VALUABLE PAPERS				\$ 25,000		\$	\$	
OTHER:								
<b>OPTIONAL COVER</b>								
CONTRACTOR'S EQUIPMENT (Attach Schedule)						\$	\$	
TOOL FLOATER						\$	\$	
INSTALLATION FLOATER						\$	\$	
BUILDING						\$	\$	
ADDITIONAL INSURED - Landlord _____						<input type="checkbox"/> Yes	\$	
ADDITIONAL INSURED - Equipment Lessor _____						<input type="checkbox"/> Yes	\$	
ELECTRONIC DATA PROCESSING						\$	\$	
EQUIPMENT BREAKDOWN						\$	\$	
BLANKET GLASS – Policy Deductible (Applicable to Tenant in Building)						<input type="checkbox"/> Yes	\$	
BLANKET GLASS – Reduced Glass Deductible – \$100						<input type="checkbox"/> Yes	\$	
OTHER:						\$	\$	
						TOTAL:	\$	

## UNDERWRITING INFORMATION

<b>CONSTRUCTION:</b>					
HEIGHT:	_____ Storeys	BASEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		AGE OF BUILDING: _____ Years	
WALLS:	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Metal Clad	<input type="checkbox"/> Steel on Steel
	<input type="checkbox"/> Frame/Stucco	<input type="checkbox"/> Frame	<input type="checkbox"/> Mixed Const.	(Specify % of Each)	
ROOF:	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Patent	<input type="checkbox"/> Composition	<input type="checkbox"/> Metal <input type="checkbox"/> Other
FLOORS:	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	TOTAL BUILDING FLOOR AREA _____ Sq. Ft.		INSURED'S PORTION _____ Sq. Ft.
HEATING:	<input type="checkbox"/> Steam	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Hot Air	Fire Resistive Room: <input type="checkbox"/> Yes <input type="checkbox"/> No	
FUEL:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (Specify)
CHIMNEY:	<input type="checkbox"/> App. Metal	<input type="checkbox"/> Brick	<input type="checkbox"/> To Ground	<input type="checkbox"/> Lined	<input type="checkbox"/> Unlined
WIRING:	<input type="checkbox"/> Automatic Circuit Breakers		<input type="checkbox"/> Tamper Resistant Fuses		<input type="checkbox"/> Ordinary Fuses
<b>EXPOSURES:</b>					
Are there any restaurants, bowling alleys, billiard parlours, bars, taverns or manufacturers in the same building as the insured premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please describe the exposure and indicate the number of feet between it and the insured premises:					
Is there a masonry fire wall with self closing fire doors between the exposure and the insured premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>GLASS: COMPLETE ONLY IF BLANKET GRADE FLOOR GLASS COVERAGE REQUIRED</b>					
<input type="checkbox"/> Single Plate	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Lineal Ft.		
<input type="checkbox"/> Double Plate	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Lineal Ft.		
<input type="checkbox"/>	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Lineal Ft.		
<b>CRIME: COMPLETE ONLY IF ALL RISK OR OPTIONAL CRIME COVERAGE IS REQUIRED</b>					
Safe Manufacturer's Name	Safe Connected to An Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Thickness of Steel in: Door: _____ Sides: _____ Top: _____	Construction of Safe:	Comb. Lock <input type="checkbox"/> Yes <input type="checkbox"/> No	Class of Safe (if Labeled)
Burglary Protection <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station	Alarm Co. Certif. # _____ Expiry Date	Frequency of Deposits: Amount Carried at One Time: \$ _____ Do Times of Deposit Vary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Route Changed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount of Money Kept on Premises Overnight \$ _____			And in What? _____		
<b>GENERAL:</b>					
1. Annual Gross Sales/Receipts excluding Rental Income: \$ _____ Annual Gross Rental Income: _____					
2. Insured has been in business _____ years.					
3. Insured has had insurance _____ years.					
4. What percentage of gross receipts are sublet work? _____ %					
5. Is Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
6. If the Applicant is a "Limited Company" provide the names of all principals					
7. Is any portion of the building or any apartment vacant, unoccupied or seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>HISTORY:</b>					
Please provide details of any losses or claims which have occurred during the last 5 years. If none, please so indicate.			Name of Previous Insurer:		
			POLICY NO.		
Has any form of insurance on your property ever been cancelled, declined or has renewal been refused or special/restrictive terms imposed. If so, provide details:					
<b>DISCLOSURE:</b>					
Where (a) an Applicant for a contract, (i) gives false particulars to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.					
<b>Consent</b> The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.					
I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.					
I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.					
DATE _____			Signature of Applicant _____		
<b>REMARKS:</b>					
1. Is this new business to your Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Do you know the Applicant personally? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for how long?					
3. Can and do you recommend all the Applicants as persons of honesty and financial stability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Does the risk qualify for the Coverage applied for? (i.e. All Risk) <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Do you recommend acceptance of this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain					
6. Have you personally viewed this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Are there any deficiencies in maintenance or housekeeping? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.					
Signature of Agent/Salesperson _____			Date _____		

