**CONTRACTORS & TRADES – Application Form**

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Email Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Required for e-signatures)* | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s) Legal Name(s):  *Include all subsidiaries* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Website(s): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mailing address: | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Risk address: | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year Established: | | | | | | | | | | Years of Experience conducting the operations in this application: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Please describe Applicant’s experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant have any operations outside of Canada? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Does the Applicant have any operations involving: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| * airport property | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * railroads | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * dockside, wharfingering or stevedoring | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * municipatlities or on public roads | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * blasting or explosives | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * fireplace or wood stove installations | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * environmental remediation, asbestos or hazardous material abatement | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * fire extinguishing/fire suppression systems | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * the oil and gas industry | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * nuclear applications, or any radioactive matierials | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * the raising or moving of buildings | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * cement manufacturing | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * operation of cranes | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * dams, resevoirs or weirs | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * waste disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| * aerial crop spraying | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Please indicate the amount of work the Applicant performs for the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential | | | | % | | | | | Commercial | | | | | % | | | Industrial | | | | | | % | | Manufacturing | | | | | % | | | | Other | | % | |
|  | | | |  | | | | |  | | | | |  | | |  | | | | | |  | |  | | | | |  | | | |  | |  | |
| Indicate the Applicant’s operations and revenues derived from each: | | | | | | | | | | | | | | | | | | | | | | | | | | **Gross Revenues** | | | | | | | **Sub-Contracted** | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | % | | | | |
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| Does the Applicant conduct any snow removal operationss? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes If yes, | | | | | | | % | | |  |
| Does the Applicant perform any hot tar and/or torch on roofing applications? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes If yes, | | | | | | | % | | |  |
| Does the Applicant provide any pure consulting services for a fee? (Ie. design, inspections) | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes if yes, | | | | | | | $ | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  |
| Does the Applicant obtain confirmation of insurance from all sub-contractors? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Does the Applicant hold required licensing or certifications, where required? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Does the Applicant assume liabilty under any hold harmless agreements? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| If yes, please provide a copy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Has the applicant had any claims in the last five years? If so, please provide details (date, nature, paid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | |
| **If more than one claim, please attach details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Does the applicant currently carry Commercial General Liability? | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | |
| Insurer: | | |  | | | | | | | | | Premium | | |  | | | | | Policy No: | | | |  | | | | | | | | | | | | | |
| Does the applicant currently carry Errors & Omissions Liability? | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | |
| Insurer: | | |  | | | | | | | | | Premium | | |  | | | | | Policy No: | | | |  | | | | | Retroactive Date: | | | | | |  | | |
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| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | |
| If yes, please describe: | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **REQUESTED COVERAGE LIMITS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Commercial General Liability** | | | | | | | | | | | | | | | | | | | **Tenants’ Legal Liability** | | | | | | | | | | | | | | | | | | | | | |
|  | $1,000,000 | | | | | | | | | | | | | | | | | |  | | $250,000 | | | | | | | | | | | | | | | | | | | |
|  | $2,000,000 | | | | | | | | | | | | | | | | | |  | | $500,000 | | | | | | | | | | | | | | | | | | | |
|  | $5,000,000 | | | | | | | | | | | | | | | | | |  | | $1,000,000 | | | | | | | | | | | | | | | | | | | |
| **Employee Benefits Liability** | | | | | | | | | | | | | | | | | | | **Non-Owned Automobile Liability** | | | | | | | | | | | | | | | | | | | | | |
|  | Not required | | | | | | | | | | | | | | | | | |  | | $1,000,000 | | | | | | | | | | | | | | | | | | | |
|  | $1,000,000 | | | | | | | | | | | | | | | | | |  | | $2,000,000 | | | | | | | | | | | | | | | | | | | |
|  | $2,000,000 | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
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| **Errors & Omissions – Claims Made (Optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | $250,000 | | | | |  | | Not Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Property Coverage (Optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contents of Every Description | | | | | | | | | | | | | $ | | | | | Tool Floater | | | | | | | | | | $ | | | | | | | | | | | | |
| Installation Floater | | | | | | | | | | | | | $ | | | | | Miscellaneous Articles Floater | | | | | | | | | | $ | | | | | | | | | | | | |
| Rented, Leased & Borrowed Equipment | | | | | | | | | | | | | $ | | | | | Contractor’s Equipment | | | | | | | | | | $       (complete schedule below) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Does the applicant want coverage for: | | | | | | | | | | | | | Flood | | | Earthquake | | | | | | Sewer Backup | | | | | | | | | | | | | | | | |  | | |
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| **COPE Details (if any property required):** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Construction: | | | | | | | Frame | | | | | | Fire Resistive | | | Non-Combustible | | | | | | Other: | | | | | |
| Year Built: | | |  | | | | Age of Roof: | | |  | | | | | | | | | | | | | | | | | |
| Year of upgrades: | | | | | Heating: | | |  | | | | Plumbing: | |  | | | Electrical: | |  | | | | | | | | |
| Protection: | | | | Protected | | | | | Semi-protected | | | | | | Unprotected | | | | | | | | | | | | |
| Sprinklers: | | | | Yes | | | | | No | | | | | | Centrally Monitored Alarm: | | | | | Yes | | | No | | | |  |
|  | | | | | | | |  | | | |  | |  | | | |  | | |  | | | |  | | |
| **Contractors Equipment Schedule** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | | Make | | | | | | | | | Description | | | | | | Serial Number | | | | | | | | | Limit | |
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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to immediately inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Signature:** | | | | |  | | | | | | | | | | | | | | **Date:** | | | |  | | | |
| **Brokerage:** | | | | |  | | | | | | | | | | | | | | **Broker ID:** | | | |  | | | |
| **Broker Email:** | | | | |  | | | | | | | | | | | | | | **Phone:** | | | |  | | | |