**CONTRACTORS & TRADES –** APPLICATION FOR INSURANCE

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.**

**Instead of completing this application form, consider trying *JET*, our self-serve platform.**

***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**

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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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| Year Established: | | | | | Years of Experience conducting the operations in this application: | | | | | | | | | |  | | | | | | | |
| Please describe Applicant’s experience: | | | | | | | | | | | | | | | | | | | | | |  | | |  |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Indicate the Applicant’s operations and revenues derived from each: | | **Gross Revenues** | **Sub-Contracted** | |  |  | $ | % | |  |  | $ | % | |  |  | $ | % | |  |  | $ | % | |  |  | $ | % | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the amount of work the Applicant performs for the following: | | | | | | | | | | | | | | | | | | | | | |
| Residential | | % | | Commercial | | | % | Industrial | % | | Manufacturing | | | % | | Other | | | % | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |
| **ADDITIONAL RISK INFO** | | | | | | | | | |  | | | | | | | | |
| Does the Applicant have any operations outside of Canada? | | | | | | | | | | No  Yes | | | | | | | | |
| Does the Applicant perform any pure consulting services for a fee? (ie. Design, inspections) | | | | | | | | | | No  Yes | | | Revenue from Consulting: $ | | | | | | | |
| Does the applicant utilize any sub-contractors? | | | | | | | | | | No  Yes | | | | | | | | |
| *If Yes*, Does the Applicant obtain confirmation of insurance from all sub-contractors? | | | | | | | | No  Yes | | | | | | | | |
| Does the Applicant assume liability under any hold harmless agreements? | | | | | | | | | | No  Yes | | | *If Yes,* please include a copy | | | | | | | | |

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| Does the Applicant have any operations involving: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | airport property | | | | | | | | | | | | | | | | | |  | | | | the raising or moving of buildings | | | | | | | | | | | | | | | | | | | | |
|  | | railroads | | | | | | | | | | | | | | | | | |  | | | | cement manufacturing | | | | | | | | | | | | | | | | | | | | |
|  | | dockside, wharfingering or stevedoring | | | | | | | | | | | | | | | | | |  | | | | operation of cranes | | | | | | | | | | | | | | | | | | | | |
|  | | municipatlities or on public roads | | | | | | | | | | | | | | | | | |  | | | | dams, resevoirs or weirs | | | | | | | | | | | | | | | | | | | | |
|  | | blasting or explosives | | | | | | | | | | | | | | | | | |  | | | | waste disposal | | | | | | | | | | | | | | | | | | | | |
|  | | fireplace or wood stove installations | | | | | | | | | | | | | | | | | |  | | | | aerial crop spraying | | | | | | | | | | | | | | | | | | | | |
|  | | environmental remediation, asbestos or hazardous material abatement | | | | | | | | | | | | | | | | | |  | | | | nuclear applications, or any radioactive matierials | | | | | | | | | | | | | | | | | | | | |
|  | | fire extinguishing/fire suppression systems | | | | | | | | | | | | | | | | | |  | | | | snow removal | | | | | | | | | | | | | | | | | | | | |
|  | | the oil and gas industry | | | | | | | | | | | | | | | | | |  | | | | hot tar and/or torch on roofing | | | | | | | | | | | | | | | | | | | | |
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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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  |  |  |  |  |  |
| **PRIOR INSURANCE** | | | | | | |  | | | |  |  | | |  | | | | |  | | | |  | | | | | | | | |  | | | | |  | | | |  | |
| Does the Applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Insurer: | | | | | | | | | | | | | | | | Premium: $ | | | | | | | | | | | | Policy No: | | | | | | | | | | | | | |
| Has insurance ever been cancelled or refused? If yes, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | | | | | |  |  | | | | | | **Errors & Omissions – Claims Made (Optional)** | | | | | | | | | | | | | | |  | $250,000 |  | Not Required | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | **Property Coverage (Optional)** | | | | | | | | | | | | | Business Personal Property (Incl. Tenants Improvements) | | | | | $ | | Miscellaneous Articles Floater | | | | $ | | | | | Stock / Inventory | | | | | $ | | Rented, Leased & Borrowed Equipment | | | | $ | | | | | Contents of Every Description | | | | | $ | | Installation Floater | | | | $ | | | | | Tool Floater | | | | | $ | |  | | | |  | | | | | Does the applicant want coverage for: | | | | Flood | | Earthquake | | | | Sewer Backup | | |   **COPE Details (if any property required):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year built: | | |  | | | | | Protection: | | | | | | | | Protected | | | | | | | | | Semi-Protected | | | | | | | | | | | Unprotected | | | | | | | |
| Building Construction: | | | | | | | Frame | | | | | | | | Fire Resistive | | | | | | | | | Non-Combustible | | | | | | | | | | | Other: | | | | | | | | | | | | | | |
| Roof Construction: | | | | | | | Wood Joist | | | | | | | | Steel Deck | | | | | | | | | Concrete | | | | | | | | | | | Other: | | | | | | | | | | | | | | |
| Heating: | | | | | | | Natural Gas | | | | | | | | Oil | | | | | | | | | Boiler | | | | | | | | | | | Other: | | | | | | | | | | | | | | |
| Electrical | | | | | | | Copper | | | | | | | | Aluminum | | | | | | | | | Other: | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Year of upgrades: | | | | | Roof: | | | |  | | | | Heating: | | | | |  | | | Plumbing: | | | | | | |  | | | | | | Electrical: | | | | | | | |  | | | | | | | | | | | | | | | |
| Centrally Monitored Alarm: | | | | | | | | | Yes | | | No | | | | | | | | Sprinkler System: | | | | | | | | | | Yes | | | No | | | | | |  | | | | | | | | |

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| **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:** | | | | | | | | | | | | | | | | | | |
| **Brokerage:** | |  | | | | | | | **Date:** | |  | | | | | | |
| **Broker Email:** | |  | | | | | | | **Broker ID:** | |  | | | | | | |
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**Email completed apps to newconstruction@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**