





Does the applicant engage in any of the following operations?

- |                             |  |                                |  |
|-----------------------------|--|--------------------------------|--|
| Airport Premises            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insulation (Install/Remove)    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bridge Work                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cranes                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demolition or Wrecking      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drilling                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Excavation – Depth          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blasting                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Propane Work                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Roofing Work                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ship or Docks               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoring/Tunneling/Underpinning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spraying (Paint)            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spraying (Pesticides)          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spraying (Pressure Washing) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming Pool Work             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welding (Off Premises)      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Welding (On Premises)          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe in detail: \_\_\_\_\_

**Operations:**

- Does anyone else manufacture the Insured's product under license? Yes No
- Are any of the client's products sold under another Company's Name/Label? Yes No
- Does the client repackage the products of Others? Yes No
- Has the client discontinued any products/operations in the past? Yes No
- Does the client manufacture products or perform operations according to customer's specifications? Yes No
- Does the client's operation involve the use of any flammable/poisonous material? Yes No
- Does the client employ a physician, nurse or other health care professional? Yes No
- Does the client own or operate any Aircraft/Watercraft? Yes No
- Does the client charter, rent or lease any Aircraft/Watercraft? Yes No
- Does the client have any special agreements with Government Agencies? Yes No
- Does the Forest Fire Prevention Act apply? Yes No

Describe quality control and inspection procedures: \_\_\_\_\_

Please provide details of operations involving the use of welding equipment or other similar equipment away from the premises owned, occupied or used by the Client:

Does the client rent or lease mechanical equipment to or from others? Yes No

Are there any know contractual obligations where the applicant has to provide insurance on behalf of another or hold another harmless? Yes No

If yes, explain: \_\_\_\_\_

**Independent Contractors:**

Does the client sub-contract work? Yes No If yes, percentage of work: \_\_\_\_\_  
Describe: \_\_\_\_\_

Are sub-contractors required to carry liability insurance? Yes No If yes, minimum limits required: \_\_\_\_\_

Is the applicant added as an Additional Insured under the contractor's policy? Yes No

Does the client obtain Certificates of Insurance from sub-contractors? Yes No

Please provide an estimate of cost/work given to independent sub-contractors:

Repair & Maintenance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**Miscellaneous Information:**

Is there any owned or non-owned watercraft exposure by the way of ownership, maintenance, use or operation of any watercraft by or on behalf of the applicant? Yes No

If yes, please explain: \_\_\_\_\_

Please provide details of any unlicensed automobiles or specific automobiles for which compulsory insurance does not apply: \_\_\_\_\_

\_\_\_\_\_

Do any employees regularly drive their own vehicles on company business? Yes No

If yes, explain: \_\_\_\_\_

Does the client do any work on aircraft premises? Yes No

If yes, explain: \_\_\_\_\_

Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on behalf of the client? Yes No

If yes, explain: \_\_\_\_\_

Are there any owned or non-owned watercraft exposures by way of ownership, maintenance, use or operation of any watercraft by or on behalf of the client? Yes No

If yes, explain: \_\_\_\_\_

Please provide any additional information which may not have been addressed in the application but is pertinent information in respect to the risk:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Coverage Requirements:**

Location Address	% Occupied by Applicant	Owned or Rented	Sq. Ft.	RC of Rented Portion

**Limits of Insurance:**

Coverage:–	Deductible	Limit of Insurance
Commercial General Liability		\$
Tenants Legal Liability		\$
Other coverage		\$

**Agent Declaration:**

Is this account NEW to your office?    Yes    No    If no, how long have you known the applicant? \_\_\_\_\_

Is the applicant financially sound?    Yes    No    Have you personally seen this property?    Yes    No

Do you recommend this applicant?    Yes    No    Is the property for sale?    Yes    No

Comments: \_\_\_\_\_

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Agent/Producer & Agency: \_\_\_\_\_

**Disclaimer:**

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
  - a) Provides false or erroneous information to the prejudice of the insurer; or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured willfully makes a false statement in respect of a claim under the Contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_