



GROUP ONE INSURANCE SERVICES

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GENERAL CONTRACTOR LIABILITY APPLICATION

BROKERAGE:

Broker contact: _____ Phone No.: _____
 Email address: _____ Fax No.: _____

INSURED: Individual Partnership Corporation Joint Venture

Full Legal Name of Applicant: _____
 Operating Name: _____
 Mailing Address: _____
 Risk Location: _____
 Principal Owner(s): _____ Website Address: _____
 Has the principal or any active partner filed for bankruptcy? Yes No If yes, provide details: _____

Insured is: Owner Tenant Landlord's Name & Address: _____

Is the landlord to be added as an additional Insured on binding? Yes No

Loss Payee / Mortgagee / Additional Insured (include name & address):
 1. _____
 2. _____

INSURANCE EXPERIENCE: New Business Renewal

Existing Insurer: _____ Target Premium Required: _____
 Renewal Offered: Yes No If not, why? _____
 Have you had any insurance refused or cancelled within the past 5 years? Yes No
 If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

GENERAL INFORMATION:

Full Description of Business Operations including those operations not at this location: _____

Are these operations insured elsewhere: _____

Number of years business established: _____

Describe experience of key personnel: _____

Total years of experience in similar / related business: _____

Is the owner involved in the day-to-day operation? Yes No

If no, please provide details: _____

Total number of employees: _____ Full Time: _____ Part Time: _____

Annual Payroll: _____

Are all of the employees covered by Worker's Compensation? Yes No

If no, please provide details: _____

GROSS RECEIPTS DECLARATION:

Operations	Annual Gross Receipt	Projected Gross Receipt
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Receipts:	\$	\$

Please list and describe 3 of the most recent largest contracts completed, including the contract price:

Does the applicant have any U.S. Sales or Foreign Exposure (Past, Present, Future)? Yes No

If yes, explain and list percentage of each country: _____

Does the applicant provide any U.S. Installation (Past, Present, Future)? Yes No

If yes, explain and list percentage of each country: _____

Does the applicant plan on entering or expanding into new operations during the next 12 months? Yes No

If yes, explain: _____

Does the applicant use radioactive materials? Yes No

Does the applicant's operation involve the use of any flammable/poisonous material? Yes No

Does the applicant have any special agreements with Government Agencies? Yes No

Please provide details of operations involving the use of welding equipment or other similar equipment:

Does Forest Fire Protection Act apply? Yes No

Do you have special agreements with Department of Lands and Forest? Yes No

Does the applicant 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: _____

Does the applicant engage in any of the following operations? Yes No

Raising or moving of buildings or structures: Yes No

Airport Premises Yes No

Insulation (Install/Remove) Yes No

Bridge Work Yes No

Cranes Yes No

Demolition or Wrecking Yes No

Drilling Yes No

Excavation – Depth _____ Yes No

Use of Explosives Yes No

Propane Work Yes No

Roofing Work Yes No

Ship or Docks Yes No

Shoring/Tunneling/Underpinning Yes No

Spraying (Paint) Yes No

Spraying (Pesticides) Yes No

Spraying (Pressure Washing) Yes No

Swimming Pool Work Yes No

Welding (Off Premises) Yes No

Welding (On Premises) Yes No

Caisson Work Yes No

Describe in detail: _____

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 applicant do any work on aircraft premises? 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:

INDEPENDENT SUB-CONTRACTORS:

Does the applicant 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: _____
 Does the applicant obtain Certificates of Insurance from sub-contractors? Yes No
 Are you added as an Additional Insured to their policy? Yes No
 Please provide an estimate of cost/work given to independent sub-contractors:
 Repair & Maintenance: \$ _____ Other: \$ _____
 Describe: _____

LIMITS OF INSURANCE

Coverage:–	Deductible	Limit of Insurance
Liability – Occurrence Form – <input type="checkbox"/> CGL <input type="checkbox"/> OLT		\$
Tenants Legal Liability		\$
Non-Owned Automobile		\$
Other Coverage		\$

BROKER 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 Broker/Producer & Brokerage: _____

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: _____

Broker's Signature: _____ Date: _____