

CONTRACTORS LIABILITY UNDERWRITING QUESTIONNAIRE

Agent /Broker _____

1. Applicant _____

2. Address _____

3. a) Describe Applicant's main line of work _____

b) Other Operations _____

4. a) Number of years in Business _____

b) Number of years of experience in this type of business by:
 1) Applicant _____ 2) Key Employees _____

c) Licensed as _____

5. Area of Operations _____

6. Are there any operations performed outside Canada? Yes No If so, refer to Company _____

7. Percentage of work which is a) Residential _____% b) Commercial _____% c) Industrial _____%

Elaborate on the commercial/industrial work done by the Applicant _____

8. Number of Employees a) full time _____ b) Part time _____ c) Seasonal _____

Are all employees (including contract employees) covered by workers compensation? Yes No

If no, provide split between different types of occupation/number of employees/payroll

9. Payroll a) administrative staff \$ _____ b) Other \$ _____

10. Annual Revenue (breakdown by type of work, if possible)
 \$ _____

Description of Operation	Actual Receipts Past 12 Months	Estimated Annual Next 12 Months	Estimated Payroll Next 12 Months

11. Is work sub-let by the Applicant to independent contractors? Yes No

12. If Work is sub-let (#11), what is the cost of work sub-let? \$ _____

a) Describe type of work sub-let (detail) _____

b) Does the Applicant request proof of liability insurance from these sub-contractors? Yes No

c) If yes, what limit is requested? _____

13. Does the Applicant engage in any of the following operations?

- | | | | | | |
|---------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| a) Airports, work done at | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j) Dams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Blasting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k) Pile Driving | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Caisson Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l) Raising or Moving of Buildings & structures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Cranes, use of | <input type="checkbox"/> Yes | <input type="checkbox"/> No | m) Roofing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Demolition or Wrecking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | n) Shoring | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Excavation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | o) Tunneling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Explosives, use of | <input type="checkbox"/> Yes | <input type="checkbox"/> No | p) Underpinning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Over 3 Storey, work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | q) Welding or Cutting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Bridges | <input type="checkbox"/> Yes | <input type="checkbox"/> No | r) Rigging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, explain _____

14. Are there any formal contracts entered into by the Applicant? Yes No

If yes, explain _____

15. Are there any hold harmless agreements? Yes No

If yes, explain _____

16. Does Applicant rent or lease equipment to others? Yes No

If yes, give details and state revenues _____

With Operator? Yes No Without Operator? Yes No

Does Applicant lease any motor vehicles or equipment? Yes No

Does Applicant lease or maintain his own garage facility? Yes No

Is any work carried out at any oil or natural gas production, exploration or processing facility? Yes No

If yes, give details _____

Is any gas line work done? Yes No Please Explain _____

Are gas hook-ups from the meter in only? Yes No

Has any work or operation been discontinued during the past 5 years? Yes No

Please list and describe 4 of the most recent largest contracts completed?

17. Has any Insurer ever canceled or refused coverage? Yes No
If yes, explain _____

18. Provide details of any liability claims in the last 5 years

Date of Loss	Cause of Loss	Amount Paid	Amount Outstanding

19. Provide details of all liability insurance carried

Carrier	Limit	Deductible	Premium	Policy Period

20. Coverage: Limits of required \$ _____ Deductible \$ _____

Completed by _____ Date _____

Insured's Signature _____

SUBMITTED BY: _____

E-MAIL: _____