

BUSINESS INSURANCE APPLICATION PAGE 1 OF 3

APPLICANT FIRM NAME	
ADDRESS AND POSTAL CODE	

DO YOU OR YOUR FIRM OWN THE BUILDING  YES  NO : **IF YES**, IS IT ( PLEASE TICK (YES) AS MANY AS APPLY )  
YOUR HOME  , A BUILDING FOR BUSINESS OPERATIONS  , A CONDOMINIUM  , DO YOU RECEIVE RENTAL INCOME  .

TYPE OF COMPANY	INDIVIDUAL <input type="checkbox"/> , PARTNERSHIP <input type="checkbox"/> , CORPORATION <input type="checkbox"/>		
TYPE OF CONTRACTOR	INDEPENDENT <input type="checkbox"/> % , SUB-CONTRACTOR <input type="checkbox"/> % , GENERAL CONTRACTOR <input type="checkbox"/> %		
EFFECTIVE DATE		EXPIRY JANUARY 1, 12:01 A.M.	
PRO - RATA TO JAN. 1	\$	ANNUAL PREMIUM	\$
TAX 8%	\$		\$
TOTAL DUE	\$		\$
DEPOSIT FULL PRO-RATA	\$	PARTIAL DEPOSIT	\$

**BREAKDOWN OF APPLICANT'S REVENUE AND OPERATIONS ESTIMATED NEXT 12 MONTHS**

TRADE	PERCENT	REVENUE NEXT 12 MONTHS	SUB-LET COST YOU PAY OUT	RESIDENTIAL GROSS REVENUE	COMMERCIAL GROSS REVENUE
HEATING	%	\$	\$	%	%
REFRIGERATION	%	\$	\$	%	%
AIR CONDITIONING	%	\$	\$	%	%
OTHER 1 <small>DESCRIBE ON PAGE 3</small>	%	\$	\$	%	%
OTHER 2 <small>DESCRIBE ON PAGE 2</small>	%	\$	\$	%	%
<b>TOTAL</b>	<b>100%</b>	\$	\$		

IS YOUR RESIDENTIAL WORK 75% OR MORE, OF YOUR TOTAL REVENUE? YES  NO   
RESIDENTIAL INCLUDES HVAC WORK ON ALL NEW HOME CONSTRUCTION.

PREVIOUS REVENUE	LAST YEAR END	PREVIOUS YEAR	PREVIOUS YEAR
	19__ TO 19__	19__ TO 19__	19__ TO 19__
GROSS REVENUES	\$	\$	\$

NUMBER OF YEARS FIRM HAS BEEN IN BUSINESS?

NUMBER OF YEARS THAT THE OWNER(S) HAVE BEEN IN THE TRADE?

NUMBER OF EMPLOYEES EXCLUDING OWNER(S)?      TRADE EXPERIENCE OF KEY EMPLOYEES(YEARS)?

LOCATION OF WORK PERFORMED      URBAN %      RURAL %

PLEASE LIST AND DESCRIBE 3 LARGEST CONTRACTS OF RECENT DATE

1. \$	TYPE OF WORK
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2. \$	TYPE OF WORK
3. \$	TYPE OF WORK

<b>APPLICANT FIRM NAME</b>					
IF <b>YES</b> BELOW, PLEASE EXPLAIN ON PAGE 3.		PLEASE ANSWER EVERY QUESTION		<b>YES</b>	<b>NO</b>
1. DOES THE APPLICANT LEASE OR RENT ANY MOTOR VEHICLES?					
2. DOES THE APPLICANT LEASE OR RENT ANY EQUIPMENT?					
3. ARE FORMAL CONTRACTUAL AGREEMENTS ENTERED INTO WITH SUB-CONTRACTORS?					
4. IS WORK DONE AT ANY OIL OR NATURAL GAS PRODUCTION, EXPLORATION OR PROCESSING FACILITY?					
5. IS ANY GAS LINE WORK DONE, OUTSIDE THE METER?					
6. IS ANY WORK DONE AT AIRPORTS?					
IF <b>NO</b> BELOW, PLEASE EXPLAIN IN DETAIL ON PAGE 3.		PLEASE ANSWER EVERY QUESTION			
7. ARE SUB-CONTRACTORS USED BY THE APPLICANT, REQUIRED TO CARRY LIABILITY INSURANCE? *					
8. ARE CERTIFICATES OF INSURANCE ALWAYS OBTAINED FROM SUB-CONTRACTORS? *NO SUBS USED [ ]					
9. ARE GAS HOOK-UPS FROM THE METER IN ONLY?					
10. ARE ALL EMPLOYEES INCLUDING CONTRACT EMPLOYEES COVERED BY WORKERS' COMPENSATION? IF NO PROVIDE DUTIES, PAYROLL AND NUMBER OF EMPLOYEES ON PAGE 3.					

DO COMPLETED OR PLANNED PROJECTS INCLUDE ANY OF THE FOLLOWING? IF YES EXPLAIN ON PAGE 3.

	YES	NO		YES	NO		YES	NO
11. BLASTING			17. PILE DRIVING			23. WRECKING		
12. BRIDGES			18. LAND CLEARING			24. STRUCTURAL STEEL		
13. SHORING			19. OILFIELD WORK			25. USE OF EXPLOSIVES		
14. DAMS			20. CAISSONS			26. RAISING OF BUILDINGS		
15. RIGGING			21. TUNNELING			27. MOVING OF BUILDINGS		
16. WELDING			22. UNDERPINNING			28. LAND EXCAVATING		
CLAIMS IN THE PAST 3 YEARS. USE PAGE 3 IF NECESSARY.	DATE:		AMOUNT:		TYPE:			
	DATE:		AMOUNT:		TYPE:			
PREVIOUS INSURANCE	COMPANY		POLICY #		EXPIRY DATE:			

THESE QUESTIONS PERTAIN TO YOUR BUSINESS LOCATION ( BUSINESS, STOCK, EQUIPMENT AND OPERATIONS).

<b>AGE OF BUILDING</b>	<b>SQ. FT. OF BUILDING EXCLUDING BASEMENT.</b>	<b># STORIES</b>
<b>BASEMENT</b> [ ] YES [ ] NO	<b>SQ. FT. OCCUPIED BY APPLICANT FIRM EXCLUDING BASEMENT.</b>	
<b>UPDATES YEAR</b> Roof [ ] Plumbing [ ] Furnace [ ] Electrical [ ] FUSES [ ] BREAKERS [ ]		
<b>CONSTRUCTION</b>	OUTSIDE WALLS (CONCRETE, BRICK, METAL, STUCCO, FRAME)	
	FLOORS (CONCRETE OR WOOD JOIST)	

