COMPLETE PRODUCTS LIABILITY SUPPLEMENTAL QUESTIONNAIRE AND SUBMIT WITH APPLICATION

(IF APPLICABLE)

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Brokerage Name and Location: |  |
| Broker/Producer Name: |  |
| Named Insured: |  |
| Principal’s Name(s): |  |
| Mailing Address: |  |
| Business / Risk Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Website: |  |

**PRIOR INSURANCE**

1. Existing Insurer**:** Expiry Date: Premium: $
2. Has any carrier cancelled, declined or refused coverage in the past 3 years?  Yes  No

If yes, please provide details:

1. Five (5) Year Claim History:*(If you require more space than provided, please attached a separate sheet listing all other claims)*

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | OPEN OR CLOSED | DETAILS | PAID/RESERVED |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |

**BUSINESS OPERATIONS**

1. Description of Operations and examples of type of work/equipment worked on:
2. Length of Time in Business:
3. Certification

|  |  |  |  |
| --- | --- | --- | --- |
| TICKET CLASS | DATE REC’D | YEARS’ EXPERIENCE | CERTIFICATE NUMBER |
| 1st Class Journeyman |  |  |  |
| Other – Please list |  |  |  |

1. Number of Employee:  No of Full Time:  No. of Part Time:
2. Are all employees covered by workers compensation?  Yes  No
3. Does applicant have any apprentices?  Yes  No

If YES, please advise:

Are they supervised per provincial requirements?  Yes  No

Maximum number of apprentices at any one time?

1. Does applicant’s operations or projects currently include or is the applicant contemplating any of the following operations or working on any of the following for the future? **IF YES TO ANY, PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE FOR AN INFORMATIVE DECISION TO BE MADE AS RISK MAY NOT QUALIFY**

|  |  |  |
| --- | --- | --- |
| Airports, Hangers, Aircraft, Military or Defence | Elevators, Escalators or Conveyor Systems | Raising or Moving of Structures |
| Alarm System Installation, Servicing or Maintenance | Equipment Rented to Others\* | Remediation or Clean Up |
| Asbestos, Mould or Other Hazardous Material Removal | Excavation more than 100 Feet\* | Sawmill, Pulp Mills |
| Automobiles, Recreational Vehicles or Watercraft | Hot Tar, Torch on, Membrane Roofing | Scaffolding, Ladders, Hoists |
| Blasting, Demolition, Wrecking or Explosives | Logging, Brush Cutting, Slash & Burning | Snow Removal |
| Bridges, Dams, Caisson, Docks, Reservoirs, Piers, Wharves or Breakwaters | Municipality Work | Sprinkler Systems, Fire Proofing, Waterproofing |
| Chemical, Fertilizer Plants or Warehouses | Pile Driving, Shaft Sinking, Shoring, Underpinning or Dredging | Structures over 3 stories being worked on\* |
| Communication Towers, Internet Towers, Power Lines, etc | Pipelines\*, Petrochemical Plants, Refineries, Gas Mains | Subways, Tunnels or |
| Cranes, Booms, Power Shovels\* | Playground Installation | Transportation / Trucking including long and short haul |
| Drilling Rigs or Well Servicing, installation or Maintenance | Railways, Railcars, Tracks | Underground Property Exposure including cables or mining equipment |
| If YES to any, please provide full details and all pertinent information: | | |

1. Does the applicant subcontract any work?  Yes  No

If YES, advise:

Percentage of work subcontracted: **%**

Annual cost of work subcontracted: $

Are certificates of Insurance obtained from all subcontractors?  Yes  No

Type of work subcontracted:

1. Does applicant have any welding, cutting or open flame operations?  Yes  No

If YES, please advise

Percentage of work done at a Third Party Premises/Shop **%**

Percentage of work done on Owned/Rented Premises/Shop: **%**

Percentage of work done off Premises/in field: **%**

1. Does applicant have any excavation operations?  Yes  No

If YES, please advise:

Type of excavation done?

Does applicant inquire with the relevant authorities about the exact position of such cables, pipes or other underground facilities prior to commencing work?  Yes  No

Maximum depth of excavation: Feet

Average depth of excavation: Feet

Is each unit fitted with certified fire extinguishers?  Yes  No

Do you transport equipment by Barge or Ferry?  Yes  No

If YES, describe and include the maximum value of any one shipment:

Do you operate in areas of ice/muskeg?  Yes  No

Have you, or will you, enter into a Fire Suppression Rental Agreement with the Ministry of Forest, or similar agreement with any other Provincial Authority?  Yes  No

1. Does applicant do any inspection work?  Yes  No

If YES, please advise:

Type of inspections done?

Percentage of gross receipts from inspecting? **%**

Does applicant sign off on any work?  Yes  No

1. Does applicant do any work in USA or Foreign Countries?  Yes  No

If YES, please provide full details**:**

1. Percentage of revenue derived from operations: **MUST EQUAL 100%**

Commercial **%** Industrial **%** Office **%** Residential **%**

1. Annual Revenue details: **IF MULTIPLE OPERATIONS PLS BREAKDOWN PER OPERATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| LAST YEAR ACTUAL RECEIPTS | | ESTIMATED RECEIPTS FOR THIS YEAR | |
| Total Annual Gross Receipts | **$** | Total Annual Gross Receipts | **$** |
|  | **$** |  | **$** |
|  | **$** |  | **$** |
|  | **$** |  | **$** |

**COVERAGE REQUIRED**

|  |  |  |
| --- | --- | --- |
| LIABILITY COVERAGE | DEDUCTIBLE | LIMIT |
| Commercial General Liability | **$** | **$** |
| Limited Pollution Coverage | **$** | **$** |
| Forest Fire Fighting Expense | **$** | **$** |
| Non Owned Automobile | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |

**FULLY COMPLETED CEF/TOOL SCHEDULE INCLUDING LOSS PAYABLES REQUIRED AT TIME OF BIND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONTRACTOR’S EQUIPMENT  MAX $1500 ANY ONE ITEM OR SET UNLESS SPECIFICALLY SCHEDULED | | | | | |
| CEF DESCRIPTION | LIMIT | YEAR | MAKE | MODEL | SERIAL # |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
| TOOLS  MAX $1000 ANY ONE ITEM OR SET UNLESS SPECIFICALLY SCHEDULED | | | | | |
| TOOL DESCRIPTION | LIMIT | YEAR | MAKE | MODEL | SERIAL # |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
|  | **$** |  |  |  |  |
| OTHER COVERAGE | | DEDUCTIBLE | | LIMIT | |
|  | | **$** | | **$** | |
|  | | **$** | | **$** | |
|  | | **$** | | **$** | |
|  | | **$** | | **$** | |
|  | | **$** | | **$** | |
|  | | **$** | | **$** | |

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

|  |  |  |
| --- | --- | --- |
| ­­­Broker Signature: | Date Signed: | Title: |
|  |  |  |
| Applicant Signature: | Date Signed: | Title: |
|  |  |  |