

TRADES & CONTRACTORS APPLICATION

Page 1 of 3

| GE | NERAL INFORMATION | | | | | |
|---|--|--|---|---|-----------------------|--|
| 1. | Applicant's Name: | | | | | |
| | Mailing Address: | | City: | Province: | P.C.: | |
| 2. | Year Company established: | Years of e | xperience: | | | |
| 3. | Do any key personnel have over 15 years of experience? | | | | ☐ Yes ☐ No | |
| 4. | Has applicant had any losses in last 5 years? | | | | ☐ Yes ☐ No | |
| | If yes, please provide details: | | | | | |
| 5. | Is there a current insurance policy in force? | | | | ☐ Yes ☐ No | |
| | If yes, Current Insurer: | | | Policy #: | | |
| 6. | Has any insurer ever cancelled, declined or refused to renev | w or issue insu | rance of the type a | pplied for? | ☐ Yes ☐ No | |
| | If yes, please provide details: | | | | | |
| 7. | Has the applicant ever operated under a different name? | | | | ☐ Yes ☐ No | |
| | If yes, please provide details: | | | | | |
| 8. | Have there been any claims against these prior entities? | | | | ☐ Yes ☐ No | |
| | If yes, please provide details: | | | | | |
| 9. | Do all of your operations and sales take place strictly in Can | ada? | | | ☐ Yes ☐ No | |
| | Please provide details: | | | | | |
| LIA | ABILITY COVERAGE INFORMATION | | | | | |
| 10. | Do you assume liability under any hold harmless agreement | ts or contracts | ? | | Yes 🗌 No | |
| | Please provide details: | | | | | |
| 11. | Please select the type(s) of operations performed and indica | ate the values | requested below: | | | |
| Des | | | | Projected % to | | |
| Cla | sses list below | • | nths (including sed receipts) | the next 12 months (including subcontracted receipts) | be sub- contracted | |
| | | \$ | eu receipts) | \$ | % | |
| | | \$ | | \$ | % | |
| | | \$ | | \$ | % | |
| | | ' | | • | | |
| | | \$ | | \$ | % | |
| | | \$ | | \$ | % | |
| | What percentage of the operations are: Commercial: | _% Residen | tiai:% indus | triai:% Institutionai:% | Agricultural:% | |
| | scription of Operations | | Description of O | | | |
| AC and refrigeration – Industrial and Commercial | | | ☐ Jetty, pier, dock construction | | | |
| Acoustic ceiling installation | | Landscape gardening - excluding tree removal | | | | |
| Alarm system installation (not including sprinklers) | | | Locksmith (no alarm installation) | | | |
| Blasting - low hazard (If yes, please complete Blasting Liability Survey) | | | ☐ Machinery – industrial installation | | | |
| ☐ Bricklaying, masonry, stucco | | | ☐ Painting (excluding exterior spray painting) | | | |
| ☐ Building cleaning – exterior (including sandblasting) | | ☐ Painting (including exterior spray painting) | | | | |
| ☐ Building construction – commercial – new & renovation | | ☐ Paving Contractor – Private Property | | | | |
| | ☐ Building construction – commercial – new & renovation ☐ Building construction - residential – new & renovation | | ☐ Paving Contractor – Public Roads / Government | | | |
| ☐ Building construction - residential – new & renovation ☐ Building raising or moving | | ☐ Pest control | | | | |
| ☐ Carpentry | | ☐ Pile driving | | | | |
| ☐ Carpet and Upholstery cleaning | | ☐ Plumbing (no hot tubs, pools and/or fire sprinklers) | | | | |
| ☐ Chimney sweeping | | | ☐ Remediation Contractor | | | |
| ☐ Cleaning sewers and drains | | | ☐ Restoration Contractor | | | |
| ☐ Concrete - excluding sewers, tunnels, subway | | | ☐ Roofing – involving the application of heat | | | |
| ☐ Conveyor system installations | | | ☐ Roofing – no application of heat | | | |
| | Crane and lift equipment operators | | | main, pipeline construction | | |
| | Datatel Wiring | | | nstallation – away from shop | | |
| | <u> </u> | | | , 1 | | |



| TRADES & CONTRACTORS APPLICATION | ON | | | Page 2 of 3 | |
|--|---------------------------------------|--|---|--------------------------|--|
| ☐ Drywall & plastering | ☐ Sign installation (up to 3 stories) | | | | |
| ☐ Duct cleaning | ☐ Snow remova | □ Snow removal | | | |
| ☐ Electrician – Common Building Work | ☐ Solar energy | | | | |
| ☐ Electrician – Specialty (towers, main power lines | ☐ Steam fitting | | | | |
| ☐ Elevators installation and service | ☐ Tank installa | tion – Other | | | |
| ☐ Excavation | ☐ Tank installa | tion – Septic | | | |
| ☐ Fence construction | | ☐ Tent Set Up | | | |
| ☐ Flooring Installation | | ☐ Tiler | | | |
| ☐ Garden equipment repairs | | ☐ Underground cables | | | |
| ☐ Glazer | | ☐ Underpinning of buildings | | | |
| ☐ Heating (including oil and gas, but no gas hook- | up) | ☐ Video & Audio System - Installation | | | |
| ☐ Heating (including gas hook up) | | ☐ Video & Audio System - Repairs | | | |
| Home cleaners | | ☐ Waste Collect | | | |
| ☐ Installation – Windows, Awnings & Doors | | Waterproofing | | | |
| ☐ Insulation installation | | | ent equipment service and repair | | |
| ☐ Interior decorating | | | rilling (no oil & gas or water testing) | | |
| ☐ Iron and steel construction | | ☐ Welding – in shop (If yes, please complete Welding Questionnaire) | | | |
| ☐ Irrigation and Drainage – Commercial Application | ns | ☐ Welding — off site (If yes, please complete Welding Questionnaire) | | | |
| ☐ Irrigation and Drainage – Residential | | ☐ Window cleaning – 3 stories or less | | | |
| ☐ Janitorial contracting | | ☐ Window clear | ☐ Window cleaning – over 3 stories | | |
| If other, please describe: | | | | | |
| Do you provide any services for Cannabis prod | fuction facilities? | | | ☐ Yes ☐ No | |
| If yes, please describe: | | | | | |
| 13. Provide details of most recent/largest project: | | | | | |
| 14. Do you subcontract any work to others? | | | | ☐ Yes ☐ No | |
| If yes, what percentage of your work is subcontracted?% | | | | | |
| If yes, do you always confirm (by way of collecting Certificates/Proofs of Insurance min. limit of \$2M in place? | | | ontractors have CGL coverage with a | ☐ Yes ☐ No | |
| What operations are entirely subcontracted? | | | | | |
| 15. Do retail sales of products make up more than 30% of total annual receipts? (sales of products that you install or subcontract the installation of are not considered retails sales) | | | | | |
| Please describe details: | | | into? | ☐ Yes ☐ No | |
| 16. Do revenues from renting or leasing equipment make up more than 30% of total annual receipts | | | pis: | ☐ Tes ☐ No | |
| Please describe details: 17. Do you or any of your staff perform original design, inspection for fee, or consulting service | | | | ☐ Yes ☐ No | |
| Please describe details: | | | | | |
| 18. Please check the box for any work carried out | for/involving any of the follo | wing: | | | |
| ☐ Airport Work | ☐ Fire Extinguishing Se | rvices | ☐ Railway Work | | |
| Blasting / Use of Explosives (If yes, please complete Blasting Liability Survey) | ☐ Gas Main Work | | ☐ Raising or Moving Buildings | | |
| Building Envelope Repair/Restoration (If yes, please describe type of buildings) | ☐ Logging / Mining | ☐ Reservoir Construction | | | |
| ☐ Caissons | ☐ Oil & Gas Field Produ | duction Scaffolding / Temporary Stands (If yes own projects only?) | | (If yes, is it for their | |
| ☐ Contaminated Sites | ☐ Open Fire Work | | ☐ Shoring/Underpinning | | |
| ☐ Dams ☐ Pool & Hot Tub Inst | | lation | Snow Removal | | |
| ☐ Excavating | 3 | ☐ Tunneling / Bridging | | | |
| If yes to any of the above, provide full details: | | | | | |



| TRADES & CONTRACT | TORS APPL | ICATION | | | | Page 3 of 3 |
|---|---|---|---|------------------------------|---|--------------------------------------|
| LIMITS: | | | | | | |
| 19. CGL Limit of Liability: | | ☐ \$1 Million | ☐ \$2 Million | ☐ \$5 Million | | |
| 20. Optional E&O Coverage | : Limit: | ☐ None – n/a | □ \$100,000 | □ \$250,000 □ \$5 | 500,000 | |
| 21. Deductible: | | □ \$1,000 | \$2,500 | □ \$5,000 | | |
| 22. NOA SPF No. 6: | | ☐ \$1 Million | ☐ \$2 Million | ☐ \$5 Million | | |
| 23. Tenants Legal Liability: | | \$500,000 | ☐ \$1 Million | ☐ \$2 Million | | |
| CONTRACTOR'S EQUIP | MENT AND T | TOOLS FLOAT | ER: | | | |
| Do you require any coverage | for equipment a | and/or tools? | | | | |
| Contractor's equipment is mobile for each item. * Blanket contractor's equipment co Installation floater covers constru | ols are mobile equipment valued under \$2,500 per item. * intractor's equipment is mobile equipment valued over \$2,500 per item. A schedule of equipment is required to bind, including year, make, model, serial number and value | | | | | |
| *Subject to terms and conditions i | = | | | l mark formal on | 1.24. | |
| If coverage for building or cor | • | | | | 1 our website. | |
| The limits shown above are a | automatically inc | duaea, piease inc | licate if nigner i | · | Ф | |
| Tools (ACV) - \$ | l imit los | | 14 (DC). | Installation Floater: | | |
| Contractors Equipment I | | ss than 3 years old | ` ' | \$ | | |
| Pontad Logged or Borro | | ver 3 years old (A | CV): | \$ ¢ | | |
| Rented, Leased or Borro | | | | \$ | - | |
| Annual revenue spent or | | nent: | | \$ | - | |
| Contractors Equipment Sch Item# | | tion (Year, Make | Model Seria | I #\ | LIMIT | TRACKING DEVICE (GPS) |
| 1. | Item Descript | Holi (Tear, Ware | , Middel, Jeriai | 1 #) | Liviii | Yes No |
| 2. | | | | | | Yes No |
| 3. | | | | | | Yes No |
| 4. | | | | | | Yes No |
| 5. | | | | | | Yes No |
| Please describe the security | at the location \ | vou primarily stor | e vour contract | ors equipment (ie: fen | cina lighting cameras. | |
| | ut the localist. , | | | | long, ngming, camera, | |
| DECLARATION / CONSENT | | | | | | |
| | | | ···ight of roc | | A line - t for this control | to the section of the |
| PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is | | | | | | |
| based on the truth and completenes | | | and acknowledge d | .nat an inionnianon is nue a | ING CORRECT AND UNDERSTAING THE | at this application for insurance is |
| The personal information provided in insured's representative or insurance insurance and underwriting any succontained in this document have aut | ce company, subject ch policies, evaluatir | ct to local legislation, fing claims, detecting a | for the purpose of cand preventing frau | communicating with the ins | sured or their representative, a | |
| NOTE: Insurance is not in effect u | until Premier has i | ssued a binder or p | olicy documents. | | | |
| Printed Name: | | | | Position Held: | | |
| Applicant's Signature: | | | | Date: | | |
| Brokerage: | | | | Broker Phone: | | |
| Broker Email: _ | | | | Broker AGT#: | | |
| Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s). | | | | | | |
| Vancouver - T | | plication and att F 604.669.266 | | | l <u>@premiergroup.ca</u> ** on - T 519.850.1610 | F 519.850.1614 |