



## COMMERCIAL GENERAL LIABILITY CONTRACTORS' APPLICATION

### GENERAL INFORMATION

1. Applicant's name:

\_\_\_\_\_

2. Applicant is:

Individual

Partnership

Corporation

Association

Other (specify): \_\_\_\_\_

3. In business since:

\_\_\_\_\_

4. Insured since:

\_\_\_\_\_

5. Names and personal experience of owners:

Name	Experience

6. Mailing address:

\_\_\_\_\_

7. Web site: \_\_\_\_\_

8. Description of operations:

\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant have any subsidiaries?

Yes  No

If Yes, describe:

\_\_\_\_\_

10. Do the subsidiaries need insurance as well?

Yes  No

### BUSINESS PROPERTY

1. Describe all premises owned, rented or used by the applicant.

Address	Occupancy	Area	Sprinklered	Owner or tenant	Building construction
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Are any elevators owned or controlled by the applicant?

Yes  No

If Yes, specify; type, use, capacity and location:

\_\_\_\_\_



3. Does the applicant own or control field?  Yes  No  
 If Yes, specify; location, area and use: \_\_\_\_\_

4. Does the applicant own or control aircrafts or watercrafts?  Yes  No  
 Does he use them for location?  Yes  No  
 If Yes, specify type and use: \_\_\_\_\_

**ACTIVITIES**

1. Actual income (expiring term): \$ \_\_\_\_\_

2. Estimated gross revenues (projecting term): \$ \_\_\_\_\_

3. Does the applicant perform professional services?  Yes  No  
 Si Oui, décrire les services professionnels | If Yes, please describe  
 \_\_\_\_\_

4. Description and division of activities:

Activities	Wages	Receipts (\$) expected by activities

5. Percentage of activities in:

Residential:	% _____
Commercial:	% _____
Industrial:	% _____
Agricultural:	% _____
Institutional:	% _____
Others:	% _____
Describe:	% _____

6. Projects' division:

New:	_____
Renovation, repair:	_____

7. Number of employees in:

Office:	_____
Other:	_____

8. The application acts usually as a:

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Subcontractor
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The application acts usually as a:

<input type="checkbox"/> Excavation	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electricity	<input type="checkbox"/> Heating
<input type="checkbox"/> Other (describe): _____	

9. Does the application require subcontractors?  Yes  No  
 If Yes please complete the following:

Subcontractor	Nature	Amount (annual)

10. Does the applicant require a proof of Liability insurance on behalf of the subcontractors?  Yes  No  
 If Yes, what is the required amount if insurance

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11. Does the applicant require certificate of insurance from the subcontractors?  Yes  No

12. Does the applicant hire a salaried architect or engineer?  Yes  No

13. Does the application contribute in "Wrap-up" contracts?  Yes  No  
 If Yes, describe the other contractors' contribution in the contract:

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14. Does the applicant perform work such as:

**Definitions**

"Demolition" means the complete or partial removal of structural components (e.g. load-bearing walls).

"Stripping" means the demolition of non-load-bearing partition walls or the removal of finishes from existing walls (gypsum board or other wall coverings). No removal of load-bearing or structural walls is included.

Work	By	If applicable, indicate the scope (in % or in \$). Work description
"Demolition"	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
"Stripping"	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Underpinning	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
On gas-fired appliances	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Pile driving	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Excavation	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Application of heat	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Use of explosives, laser beams, and/or nuclear energy	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Welding outdoors*	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Welding indoors*	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Pipe thawing*	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Tunnel excavation	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
In service stations	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
Roof*	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	
In ports, airports, refineries, and mines	<input type="checkbox"/> You <input type="checkbox"/> Subcontractor	

*If you answered yes to the activities marked with a \* please complete the annex and specify.*

15. Does the applicant provide lawn-treatment services?  Yes  No  
 If Yes, does he use herbicides or pesticides?

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16. Does the applicant use or handle chemicals products during his operations?  Yes  No  
 If Yes, specify type and quantity

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17. Does the application execute jobs in other provinces or abroad?  Yes  No  
 Ontario: \_\_\_\_\_  
 Quebec: \_\_\_\_\_  
 Outside Canada: \_\_\_\_\_  
 Other specify: \_\_\_\_\_

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18. Does the applicant employ any professionals?  Yes  No  
 If Yes, specify

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19. Indicate your most important contracts in the last three years:

Clients	Type of work	Amount

**LOCATION**

1. Does the applicant rent equipment or material for his use?  Yes  No  
 What are the annual fees for the rent equipment or material:

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2. Does the applicant rent equipment or material to third parties?  Yes  No  
 With operator  Without operator  
 Incomes of these activities: \$ \_\_\_\_\_  
 Type of rented property: \_\_\_\_\_

3. Does the applicant work for organizations requiring special endorsements (HQ, Cities, etc.)?  Yes  No  
 If Yes and if available please provide examples of endorsements.

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**HISTORY OF APPLICATION**

1. Actual insurer: \_\_\_\_\_

2. Policy number: \_\_\_\_\_

3. Expiration date: \_\_\_\_\_

4. Has any insurer cancelled or refused insurance to the applicant?  Yes  No  
 If Yes, why?

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5. Has the applicant suffered any losses or notified his insurer of any possible claims within the past five (5) years?  Yes  No  
 If Yes, please complete the following:

<b>Claimant</b>		<b>Loss date</b>	
<b>Amount claimed</b>		<b>Liability</b>	
<b>Reserve</b>		<b>Indemnity paid</b>	
<b>Fees paid</b>		<b>Closed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Description of the claim</b>			

<b>Claimant</b>		<b>Loss date</b>	
<b>Amount claimed</b>		<b>Liability</b>	
<b>Reserve</b>		<b>Indemnity paid</b>	
<b>Fees paid</b>		<b>Closed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Description of the claim</b>			

6. Is the applicant aware of any facts or circumstances that may give rise to any future loss?  Yes  No  
 If Yes, explain or complete the claims history.

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7. What are the preventives measures taken following the claim(s) if applicable?

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**COVERAGES REQUIRED**

- Amount of insurance: \$ \_\_\_\_\_
- Amount per claim: \$ \_\_\_\_\_
- Amount per insurance period: \$ \_\_\_\_\_
- Property damage deductible: \$ \_\_\_\_\_
- Each occurrence  Each claimant
- Products/completed operations: \$ \_\_\_\_\_  Yes  No
- Tenant's legal liability: \$ \_\_\_\_\_  Yes  No
- Amount of insurance of each location: \$ \_\_\_\_\_
- Medical expenses: \$ \_\_\_\_\_
- Amount per person: \$ \_\_\_\_\_  Yes  No
- Elevator collision: \$ \_\_\_\_\_  Yes  No
- Amount of insurance: \$ \_\_\_\_\_
- Employee benefits programs liability: \$ \_\_\_\_\_  Yes  No
- Others, specify: \_\_\_\_\_

Complete the supplement that applies to your activities.

**DECLARATION AND SIGNATURE**

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.



I declare that all the information stated in this application is true.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).

### WELDING, METAL WORK SUPPLEMENT

1. Describe welding activities:

\_\_\_\_\_

2. Welding type:

- Acetylene
- Electrical

Torch

Others: \_\_\_\_\_

3. Does the applicant perform any welding operations away from his premises?

Yes  No

If Yes, give details:

\_\_\_\_\_

4. Mention if the operations are executed in these places?

If Yes, please explain.

<b>Rafinerias</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Oil plants</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Airports</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Port facility</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Mines</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Sawmills</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. What specialized training do you possess?

\_\_\_\_\_

6. What training do you require your employees to have?

\_\_\_\_\_

7. Describe your procedure of quality control:

\_\_\_\_\_

8. During the job execution outside your workshop, do you always respect the following conditions:

Transportable combustible materials are removed?

Yes  No

Combustible floors are covered with metal or kept humid?

Yes  No

Containers, reservoirs, barrels containing or having contained combustible, inflammable, or explosive materials are cleaned and cleared of residues before work is performed on them?

Yes  No

Clothes, screens or protectives shields of metal or asbestos are used to prevent hot metal and sparks from falling on the combustible property which can't be moved?

Yes  No

We can find at all times, appropriate portable fire extinguishers or fire hoses ready to be used?

Yes  No



For all contracts, there is an authorized person who can effectively use the firefighting equipment described in the previous question and whose only task is the surveillance of sparks and who will remain on the premises during every job and will stay an hour after the work have ended?

Yes  No

At the end of every job, a complete verification is made in order to discover any fire, which can smolder in hidden recesses and hidden places?

Yes  No

**PLUMBER SUPPLEMENT**

1. Do you perform pipe-thawing?

Yes  No

If Yes, describe the process:

Percentage of income:

\_\_\_\_\_ % \_\_\_\_\_

2. Do you do the connection for heating system?

Yes  No

3. Do you work on sprinkler system?

Yes  No

**ROOFER SUPPLEMENT**

1. Describe your roofer activities:

\_\_\_\_\_

2. According to the incomes mentioned above, division of the incomes for:

Hot built up roofing

\$ \_\_\_\_\_

Hot mop

\$ \_\_\_\_\_

Torch on membrane

\$ \_\_\_\_\_

Cold membrane EPDM

\$ \_\_\_\_\_

Shakes, shingles, tiles, metal cladding

\$ \_\_\_\_\_

Others (specify) \_\_\_\_\_

\$ \_\_\_\_\_

3. To prevent fires when applying heat:

Are the procedures proposed by the AMQC (Association des Maîtres Couvreur du Québec) followed?

Yes  No

If No, what procedure do you follow:

\_\_\_\_\_

Do the employees have adequate training?

Yes  No

Are portable smoke detectors used?

Yes  No

Is there always a functional Portable fire extinguisher at your disposal while you are working on site where work with heat is performed?

Yes  No

Is it prohibited to smoke on the roof?

Yes  No

Is there always a supervisor on the site throughout the time there's work involving the use of a torch or application of heat?

Yes  No

Are hot air welders or electrical equipments with thermal seal used?

Yes  No

Is the applicant or his employee stay on the site at least 1 hour following the complete stop of the heat applying work?

Yes  No

Does the application use thermal camera to determine the invisible combustion points and the data retention following a heat applying work?

Yes  No

4. About the use of a torch, propane tanks and boilers for hot tarmac:

Are the torch systems manufacturers recommendations followed?

Yes  No

Are the roofing materials manufacturers recommendations followed?

Yes  No



- Are hot trowels used instead of torches to finish works?  Yes  No
- Are the used tar boilers equipped with a functional spill control tray?  Yes  No
- Are torch's supports used?  Yes  No
- Is the pressure equipment set up with a functional ULC approved regulator?  Yes  No

5. To prevent water damage:
- Are protection measures taken to prevent water damage?  Yes  No
  - Are tarps used for protection?  Yes  No
  - Emergency pumping system?  Yes  No
  - Temporary seal?  Yes  No
  - Describe preventive measures: \_\_\_\_\_

6. Does the application make sure all jobs are inspected every day after work or after the job is completed?  Yes  No

**SNOW REMOVAL SUPPLEMENT**

1. Does your snow removal operations include sanding or salting?  Yes  No  
 If No, is there another contractor designated to do the sanding and salting?  Yes  No

2. When do you execute your snow removal operation?  
 Direct request from customer  
 Prearranged amount of snowfall  
 Other: \_\_\_\_\_

3. Do you do any snow removal of Highways, roads, streets, airport?  Yes  No

4. Do you have written contracts with your clients?  Yes  No  
 If Yes, please provide a copy.

5. What is your snow removal total income including salting and sanding?  
 \_\_\_\_\_

6. What percentage of work is made for:  
 Residential: % \_\_\_\_\_  
 Commercial: % \_\_\_\_\_

7. Percentage of work:  
 Parking lots: % \_\_\_\_\_  
 Driveways: % \_\_\_\_\_  
 Sidewalks: % \_\_\_\_\_  
 Streets: % \_\_\_\_\_  
 Highways: % \_\_\_\_\_  
 Others: % \_\_\_\_\_  
 Describe: \_\_\_\_\_

8. Do you keep written records regarding these operations (Attach a blank copy)  
 Snow removal operations  Yes  No  
 Salting and sanding operations  Yes  No



9. What type of equipment and how many are used for your snow removal?

- Backhoe \_\_\_\_\_
- Pick-up with plow \_\_\_\_\_
- Front end loader \_\_\_\_\_
- Others (Describe): \_\_\_\_\_

10. Who is your commercial automobile carrier?

\_\_\_\_\_

11. Does our automobile policy include coverage for attached machinery?  Yes  No

**HVAC SUPPLEMENT**

1. Do you install heating system:

- Gas:  Yes  No
- Geothermal:  Yes  No
- Electrical:  Yes  No
- Other: \_\_\_\_\_

2. What type of fireplace do you install:

- Wood:  Yes  No
- Gas:  Yes  No
- Ethanol:  Yes  No
- Pellet:  Yes  No
- Other: \_\_\_\_\_

3. Do you install chimney?  Yes  No

4. What is the percentage of your activities in:

- Heating system intallation: % \_\_\_\_\_
- Heating system repair: % \_\_\_\_\_
- Fireplace installation: % \_\_\_\_\_
- Fireplace repair: % \_\_\_\_\_
- Others: % \_\_\_\_\_
- Describe: \_\_\_\_\_

5. Who installs the gas and/or electricity line? \_\_\_\_\_

**ELECTRICIAN SUPPLEMENT**

1. Do you perform pipe-thawing?  Yes  No

If Yes, describe the process: \_\_\_\_\_  
Percentage of income: % \_\_\_\_\_

2. Do you work on production machines?  Yes  No

If Yes, what are the precautions? \_\_\_\_\_  
Percentage of income: % \_\_\_\_\_

3. Do you do the connection for heating system?  Yes  No

4. Do you work on alarm system?  Yes  No