



# COMMERCIAL GENERAL LIABILITY CONTRACTORS' RENEWAL APPLICATION

## GENERAL INFORMATION

1. Applicant's name: \_\_\_\_\_
2. Does the insured activities are the same as last year?  Yes  No  
If No, please describe. \_\_\_\_\_

## ACTIVITIES

1. Actual income (expiring term): \$ \_\_\_\_\_
2. Estimated incomes (projecting term): \$ \_\_\_\_\_
3. Does the applicant perform professional services?  Yes  No  
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:
- General contractor  Subcontractor
- The application acts usually as a:
- Excavation  Plumbing
- Electricity  Heating
- Other (describe): \_\_\_\_\_



9. Does the application require subcontractors?  Yes  No  
 Si 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?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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:

\_\_\_\_\_

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  
 Si Oui, fournir des exemples d'avenants si disponibles | If Yes and if available please provide examples of endorsements.

\_\_\_\_\_

**HISTORIQUE & ANTÉCÉDENT | HISTORY OF APPLICATION**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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**COVERAGES REQUIRED**

Same coverages as last year.

If you want different coverages, please complete the section below

Amount of insurance: \$ \_\_\_\_\_

Amount per claim: \$ \_\_\_\_\_

Amount per insurance period: \$ \_\_\_\_\_

Property damage deductible: \$ \_\_\_\_\_

Each occurrence     Each claimant

Products/completed operations: \$ \_\_\_\_\_

Tenant's legal liability:  Yes  No

Amount of insurance of each location: \$ \_\_\_\_\_

Medical expenses: \$ \_\_\_\_\_

Amount per person: \$ \_\_\_\_\_

Elevator collision:  Yes  No

Amount of insurance: \$ \_\_\_\_\_

Employee benefits programs liability:  Yes  No

Others, specify: \_\_\_\_\_

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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).