

Tradesperson General Application

Brokerage Name: _____ Contact: _____
 Brokerage Address: _____ Postal Code: _____
 Phone Number: _____ Fax Number: _____ E-mail Address: _____
 Application Date: _____ Expiry Date: _____

General Information

Insured's Name: _____ Website: _____
 Mailing Address: _____ Postal Code: _____
 Risk Address: _____ Postal Code: _____
 Years Experience: _____ Years at this Location: _____
 Comments: _____

 Current Insurer: _____ Expiring Premium: \$ _____ Any previous cancellations or declines? No Yes
 If yes, explain: _____
 Claims History: (Five Year) _____

 What action/ corrective measures have been taken to avoid further losses? _____

CGL Information

Describe Operations: _____
 Gross Receipts: Annual: \$ _____ Canada: _____ % USA: _____ % Other: _____
 Notes: _____
 Payroll: _____ Number of Employees: _____
 Additional Insured's: _____

Security Information

Alarm System: Monitored Local Monitoring Company: _____ ULC Approved: Yes No

Building Information

Building Description	_____	Age of Building	_____	Height of Building	_____
Ground Floor Area	_____	Total Area of Building	_____	Tenant's Portion %	_____
Roof Material	_____	Wall Material	_____	Floor (s) Material	_____
Foundation	_____	Basement	_____	Heating	_____
Fuel	_____	Interior Housekeeping	_____	Exterior Housekeeping	_____
Hydrant Distance	(m / ft) _____	Firehall Distance	(m / ft) _____	No. Fire Extinguishers	_____
Sprinkler Protection	_____	Occupancy Insured	_____	Occupancy by Others	_____
Adjacent Properties	North _____	South _____	East _____	West _____	_____

Coverage Summary

Coverage	Value Discussed	Coverage Form	Guardian Use Only
Building #1	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named Perils <input type="checkbox"/> RC	\$
	\$	<input type="checkbox"/> ACV <input type="checkbox"/> 90% Co <input type="checkbox"/> Stated Amount	\$
Bylaws	\$	<input type="checkbox"/> Blanket <input type="checkbox"/> Incr. Cost Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$	\$
Fixtures/Equipment	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named Perils	\$
Tenants' Improvements	\$	<input type="checkbox"/> Replacement cost <input type="checkbox"/> ACV	\$
Office Contents	\$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$	\$
Stock	\$	<input type="checkbox"/> All Risk <input type="checkbox"/> Named Perils	
Off Premises Contents/Stock	\$	<input type="checkbox"/> Consequential Loss / Off Premises Power	
Property of Others	\$		\$
Earthquake/Flood	\$	Deductibles: 10 % minimum \$10,000	\$
Sewer Back-Up	\$	Deductible: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	\$
Business Interruption	\$	<input type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings 80 % Coinsurance	\$
Extra Expense	\$		\$
Crime	\$	<input type="checkbox"/> BFMS	\$
Contractors Equipment Floater	\$	<input type="checkbox"/> All Risk <input type="checkbox"/> Named Perils Deductible: \$ _____ <input type="checkbox"/> Schedule Attached	\$
Tool Floater	\$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$ _____	\$
Installation Floater	\$	Per location \$ All Locations Deductible: \$ 1,000	\$
Sign Floater	\$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$ _____	\$
Glass Coverage	\$	<input type="checkbox"/> Blanket Deductible: \$ _____	\$
CGL	\$	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	\$
		Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ _____	
Tenants' Legal Liability	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named Perils	\$
		Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$ _____	
Additional Coverage Required			
	\$		\$
	\$		\$
	\$		\$

Additional Questions

Describe type of building built _____ Do you do any waste treatment storage, disposal or handling Yes No

Any U.S. work Yes No Torch-On roofing Yes No Spray painting Yes No Blasting Yes No Demolition Yes No

Asbestos removal Yes No Leaky condo remediation work Yes No Water treatment or sewage plant work Yes No

Insurance or flood or water restoration work done Yes No If "Yes" describe: _____

Percentage of commercial work done _____ % Percentage of commercial work done _____ %