



Providing detailed information and submission of all documents/plans requested will increase our efficiency and ability to obtain the most favourable terms.

GENERAL INFORMATION

Name of Applicant (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Website (if applicable): _____ Desired Effective Date: _____

Previous Insurer: _____ Expired Premium (if known): _____

Has any insurer cancelled, declined, or refused you coverage: Yes No
If yes, please provide details:

Loss Experience: Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

UNDERWRITING INFORMATION

Description of Business Operations: _____

of Years in Business: _____ # of Years of Experience: _____

Total # of Employees: _____ Full-Time: _____ Part-Time: _____ Apprenticeship Employees: _____

Gross Receipts (Operations): _____ Annual Payroll: _____ Any USA Manual Work? Yes No If yes, _____ %

Licenses & Qualifications: Journeyman Yes No Red Seal Certified Yes No

Any off-premise exposure? Yes No If yes, explain and what %

Any sublet work being completed? Yes No If yes, explain and what %

Do the Subcontractors carry insurance? Yes No If yes, is proof obtained? Yes No

Please check all that apply:

- Residential
- Commercial
- Industrial
- Heavy Duty Machinery

- Utility
- Institutional
- Municipal
- Energy (Solar/Other)

- Alarm Wiring (Fire or Burglar)
- High Voltage Work >600V

What percentage of work is:

New Construction % Explain _____

Renovation/Remodeling % Explain _____

Service/Repair/Maintenance % Explain _____

Other % Explain _____

Does the applicant perform any operations other than electrical work? Yes No
If yes, explain:



Does the Applicant sign a written contract with its customers: Yes No

Any additional information pertaining to the applicant not captured above:

COVERAGE REQUIREMENTS

Commercial General Liability Required: \$ Deductible Requested: \$

Professional Liability Required: \$ Deductible Requested: \$

Other:

PROPERTY COVERAGE

Limits Required:

Contents	\$	Contractors Equipment	\$
Equipment	\$	Misc. Property Floater	\$
Tool Floater	\$		

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Applicant contravenes a term of the Contract or commits a fraud; or
- 3) The Applicant willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: