



[Commercial Lines]

PLUMBING & HVAC CONTRACTORS APPLICATION



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PART 1 GENERAL INFORMATION

Broker:	Broker Phone:
Broker Contact:	Broker Email:
Insured Name:	Policy #:
Mailing Address:	Postal Code:
Tel:	Email:
	Website:

PART 2 INSURED'S OPERATIONS

Describe Insured's Operations in full detail:

Date Company Established: _____ Years in Business: _____

Residential: % Commercial: % Industrial: % New Construction: % Remodeling: % Service or Repair: %

List licenses held and jurisdiction:

Description of three largest jobs	Location	Date	Cost
			\$
			\$
			\$

Operations:

Plumbing: % Electrical: % Sheet Metal: % A/C: % Heating: % Refrigeration: %

Other: % Please describe: _____

Heating Work:

Hot Water: % Hot Air: % Heat Pump: % Steam Vessel: % Oil: % Natural Gas: % *LP Gas: %

Electric: % *Coal: % *Wood: % *Solar: %

Please provide description for each of the above noted with an asterisk*:

PART 3 GENERAL INFORMATION

Number of Employees: Part-Time: _____ Full-Time: _____ Payroll: \$ _____ Annual Receipts: \$ _____

Do you sign a written contract with your customers? Yes No **Please attach a sample copy**

Are Subcontractors Used? Yes No If "Yes" do you sign a contract with Subcontractors? Yes No **Please attach a sample copy**

Subcontracted Duties Performed	Cost
	\$
	\$
	\$

How are Subcontractors and their work supervised?

Is the Insured securing certificate of insurance for both GL and WC? Yes No

Required Limits of Insurance for Subcontractors: \$

Is the Insured named as an additional insured and held harmless on the Subcontractors GL policy? Yes No

Does the Insured work as a Subcontractor? Yes No

Does the Insured sign a written contract when working as a Subcontractor? Yes No **Please attach a copy**

PART 3 MISC INFORMATION

Any Municipal work? Yes No If "Yes", describe below:

Any automatic sprinklers or extinguishing work? Yes No If "Yes", describe below:

Any gas main or gas connection work? Yes No If "Yes", describe below:

Any vent or duct cleaning services Yes No If "Yes", describe below:

Any specialty systems installed (ex: hospital, pollution, airport, power plant, etc.)? Yes No If "Yes", describe below:

Is a 24-hour emergency service provided? Yes No If "Yes", describe below:

Any sale/installation or repair of high-pressure boilers (greater than 15 psi for steam or 30 psi for hot water)? Yes No If "Yes", describe below:

Does the Insured perform any asbestos or other hazardous materials abatement? Yes No If "Yes", describe below:

Any rooftop installations or work in excess of two stories? Yes No If "Yes", describe below:

Depth of trenching: feet Is trench protection used? Yes No If "Yes", describe below:

Do you have company procedures to maintain a fire watch with extinguishers after all hot work, in accordance with the provincial fire code? Yes No If "Yes", describe below:

Any snowplowing? Yes No If "Yes", please complete the **Snow Removal Application**

Attach a sample copy of Insured's standard written contract and a copy of the two most recent customers' written contracts if not included above

PART 4 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Has the insured ever been cancelled, refused, or declined coverage? Yes No

Please attach any available insurance company loss reports with this application

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 Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured 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, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

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

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____