



[Contractors Liability]

REMIEDIATION CONTRACTORS APPLICATION



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REMEDIATION CONTRACTORS APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Address (Head Office): _____ Postal Code: _____

Named Insured is a: Individual Partnership Corporation Joint Venture Other:

Staffing: _____ Total number of staff, including part-time: _____

Break Out Personnel: Principals _____ Field Personnel: _____ Part-Time: _____

Supervisors/Foremen: _____ Clerical/Technical: _____ Engineers: _____

Contact Name and Title: _____

Telephone: _____ Fax: _____ Email: _____

Addresses for any other locations of branch offices or subsidiaries:

Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

Is renewal being offered? Yes No If "No", please explain below:

PART 2 COMMERCIAL GENERAL LIABILITY

Work Done	Est. Gross Receipts	Sublet Costs	Work Done	Est. Gross Receipts	Sublet Costs
Janitorial (General clean-up)			Flooring / Acoustic Tiling		
Rug Cleaning			Waterproofing / Sealing		
Wall Washing			Residential Building & Alterations		
Rewiring			Commercial Building & Alterations		
Plastering / Drywall			Dry Cleaning		
Painting / Wallpapering			Drying / Dehumidification		
Other:			Other:		
Estimated Total Receipts:			Total Sublet Costs:		

Sub-Consultants / Sub-Contractors: Do you subcontract a part of your operations? Yes No

(a) If "Yes", do you obtain certificates of insurance from your sub-contracts? Yes No

(b) If "Yes", do you require the sub-contractor's policies to add you as an Additional Insured? Yes No

(c) What are the minimum limits of liability you require from your sub-contractors? **General Liability:**

Loss History, Commercial General Liability: Losses in last 3 years: None As follows:

PART 3 ENVIRONMENTAL REMEDIATION LIABILITY

Is your firm involved in the remediation / removal of:

		Annual Gross Receipts	Annual Cost of Sublet
(a)	Mould <input type="checkbox"/> Yes <input type="checkbox"/> No		
(b)	Lead <input type="checkbox"/> Yes <input type="checkbox"/> No		
(c)	Asbestos <input type="checkbox"/> Yes <input type="checkbox"/> No		
(d)	Oil Spill Clean-up <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is any work carried on outside Canada? Yes No

Is an independent Environmental Engineer or Industrial Hygienist hired and in control of the job immediately upon discovery of the presence of mould, lead or asbestos? Yes No

Are all operations carried on in conformity with the specific provincial regulations enacted in the province where work is being done? Yes No

Sub-Consultants / Sub-Contractors: Do you subcontract a part of your operations? Yes No

(a) If "Yes", do you obtain certificates of insurance from your sub-contracts? Yes No

(b) If "Yes", do you require the sub-contractor's policies to add you as an Additional Insured? Yes No

(c) What are the minimum limits of liability you require from your sub-contractors? **Environmental Liability:**

PART 4 CLAIMS HISTORY

Any claims made involving mould, asbestos or lead? Yes No If "Yes", please give details below:

Are you aware of any fact, circumstance or situation which could have resulted in a claim being made? Yes No If "Yes", give details below:

Mould Remediation Operations:

Are all conditions that caused the mould always corrected before you begin the actual remediation work? Yes No If "Yes", give details below:

Procedures or Protocol followed in the handling of (if applicable):

Mould:

Asbestos:

Lead:

Final Clearance on Site:

Clearance criteria established before remediation begins? Yes No

Final clearance agreed to by Hygienist / Engineer? Yes No

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 applicants 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: