

**Intact Insurance Company
Commercial Insurance Protector Policy
Application Contractor and Service**



Intact Insurance Company

Head Office: 1300, 321 – 6th Avenue SW Calgary, AB T2P 4W7

Use One Application Per Location

Total Policy Premium \$

Broker				Code No.				Broker <input type="checkbox"/> Billing		Easipay Billing <input type="checkbox"/> 1 Pay <input type="checkbox"/> 3 Pay <input type="checkbox"/> 12 Pay		
Application for Policy Period From		Day	Month	Year	To	Day	Month	Year	12:01 Standard Time at the Address of the Named Applicant			
Applicant's Name and Mailing Address							Applicant's Location, If Other Than Mailing Address					
Description of Applicant's Business Operations					Years in Business		Other Occupancies in Same Building					
							Occupancies on Either Side					
The Applicant is <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Organization(Other than Partnership)												
Names of Principals:												
Loss if any, Under Section (Absence of Entry Indicates Loss Payable to Insured)												

Breakdown of Applicant's Annual Revenue:

Construction Trade	Gross Receipts	Cost of Sub-Let Work

List All Claims Paid and/or Outstanding During the Past 5. Years Show All Amounts Net of Deductible

Date	Amount Paid	Amount Outstanding	Deductible	Description

Previous Insurer	Policy Number
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Has Any Insurer Ever Cancelled, Refused or Applied Special Terms to Any Similar Insurance for Applicant? Yes No

If Yes, Give Full Details:

Special Underwriting Information

Business Property

Location of Business Contents:

Increased Limits

Types of Property	Limit	Increased Limit
Business Contents		\$
Accounts Receivable		\$
Valuable Papers and Records		\$

Optional Coverage (Complete This Section if Building Coverage is Required or if Building Used for Storage)

Building Location

Construction

Roof

Occupancy (Other than by Applicant, if applicable)

Public Protection: Within 3 Miles (4.8 KM) of Responding Firehall and 500 Feet (150 Meters) of Hydrant
 Within 5 Miles (8 KM) of Responding Firehall
 Not Within 5 Miles (8 KM) of Responding Firehall

Pictures Must Accompany Application if Building Coverage is Required

Age	Number of Storeys	Ground Floor Area
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Replacement Cost Value: \$

Contractor's Equipment and Tool Floater

Actual Cash Value of Equipment	(Attach detailed list specifying, Make, Model No., Date of Manufacture, Etc):	\$ _____
	Total Value of Equipment*	\$ _____
Actual Cash Value of Tools**	(Attach details list specifying, Make, Model No., Date of Manufacture, Etc. Of all Tools which have an individual value of \$500 or more);	\$ _____
	Total Value of Tools**	\$ _____

Are Any Tools or Equipment Leased or Rented from Others? Yes No

Equipment Storage Location

Maximum Value of Equipment and Tools Inside a Building

Does Applicant Have Facilities for Repairing or Servicing Own Equipment? Yes No

Is Equipment Serviced and Overhauled on a Regular Basis? Yes No

* Any Piece of Equipment with a Value of \$1000.00 or less Should Be Included Under Tools

** Any Tool with a Value Greater than \$ 1000.00 Should Be Included Under Equipment

Installation Floater	
Type of Property Installed	
Name of Installer or Sub-Contractor	
Installations Normally: <input type="checkbox"/> Inside Buildings <input type="checkbox"/> Outside Building	
Number of Jobs in Progress at any one time: Average: _____ Maximum: _____	
Average Number of Days to Complete Installation	Annual Values Installed \$ _____
Value of Property At Any One Location: Average: \$ _____ Maximum: \$ _____	
Maximum Value In Any One Transit \$ _____	Average Duration of Transit _____
Normal Method of Transportation of Property to be Installed	
Crime (Complete This Section Only If Limits In Excess Of Package Are Required)	
Employee Dishonesty (Form A) Limit:	\$ _____
Loss Inside Premises Limit:	\$ _____
Loss Outside Premises Limit:	\$ _____
Money Orders and Counterfeit Paper Currency Limit:	\$ _____
Depositor's Forgery Limit:	\$ _____
Number of Employees Class 1: _____ Class 2: _____	
Number of Persons (Owners, Accounts, Messengers, Etc.) Carry Money Outside the Premises:	
Liability	
Annual Gross Receipts:	Construction Trade _____ Amount: \$ _____ \$ _____
Is An Increased Property Damage Deductible Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Employees Including Part-time	
Is Casual or Unskilled Labour Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Often?	
What Percentage of Operation is: Residential Work: _____ Urban: _____ Commercial Work: _____ Rural: _____	
Do Any Operations Take Place Outside Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Equipment Ever Rented or Leased to Others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost of Work Sub-Let \$ _____	
Are Sub-Contractors Required to Carry Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Certificates of Liability Insurance Always Obtained from Sub-Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Formal Contractual Agreements Entered into with Sub-Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Is a " Hold Harmless" Clause Included in Applicant's Favor <input type="checkbox"/> Yes <input type="checkbox"/> No	

How Many Years Experience in the Type of Operation Undertaken do the Applicant and Key Employees Have?					
Is Any Work Carried out at any Oil or Natural Gas Production, Exploration or Processing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do Complete or Planned Projects Include Any of The Following?					
Blasting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oilfield Work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bridges:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pile Driving:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caissons:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Raising or Moving of Buildings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dams:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Excavating:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rigging:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land Clearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenants Legal Liability: Amount to be Insured			\$		
Location of Premises					

Statement of Values – Stated Amount of Insurance

Values are based on the cost of replacing all the property with similar kind and quality at today's prices or Replacement Cost basis without any deduction for depreciation.

Buildings include permanent fixtures attached, additions and extensions

Communicating and in contract therewith and materials, equipment and supplies on the Premises for maintenance.

Replacement Cost Today		
Building	Contents	Total

Contents meaning equipment, tenants improvements, stock including property of others.

If any person applying for insurance falsely describes the property to the prejudice of the insurer, or fraudulently omits to communicate any circumstance which is material to be made know to the insurer in order to enable it to judge the risk to be Undertaken, the contract shall be void as to any property in relation to which the misrepresentation or omission is material.

I/We hereby certify that the values given herein represent to the best of my/our Knowledge and belief, cost of replacement Of the property described.

Date: _____ Signature: _____

AUTHORIZATION

Backdating Is Not Permitted

Yes Coverage is Bound for a Period of 30 Days from the Date Application is Made in Accordance with the Information Amounts and Limits of Insurance Shown in this Application. Note- Refer Any Risk with Losses in the Past 3 Years.

No Coverage Is Not Bound

Applicant's Signature Date

How Long Have You Known the Applicant?
Comments:

Signature of Broker

If Coverage is Bound, This Application Must Be Completed Signed and Comply With All Published underwriting Requirements.