



Intact Insurance Company

Commercial General Liability Questionnaire for Contractors

1. Name of Applicant:

2. Address:

(Number)

(Street)

(City)

(Prov.) (Postal Code)

Code)

3. (a) Description of Applicant's Operations:

(b) General Contractor Sub-Contractor Independent

(c) Individual Partnership Corporation

4. Breakdown of Applicant's Revenue:

Construction Trade	Revenue	Cost of Sub-let Work

5. Number of years in business?

Residential Work: % Commercial Work: % Urban: % Rural: %

6. Do any operations take place outside Canada? Yes No

If yes, describe:

7. Is equipment ever rented or leased to others? Yes No

If yes, what equipment?

If yes: With Operators Without Operators

8. Are Sub-contractors required to carry liability insurance? Yes No

9. Are certificates of liability insurance always obtained from Sub-contractors?
 Yes
 No

10. Are formal contractual agreements entered into with Sub-contractors? Yes No

If yes, is a "Hold Harmless" clause included in Applicant's favour? Yes
 No

11. How many years experience in the type of operations undertaken do the Applicant and key employees have?

12. Is any work carried out at any oil or natural gas production, exploration or processing facility?
 Yes
 No

13. Is any work carried out at airports? Yes No

If yes, give complete details:

14. Do completed or planned projects include any of the following?



- | | | | | | |
|--------------------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Blasting: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rigging: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bridges: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shoring: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Caissons: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Structural Steel: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dams: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tunneling: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Excavating: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Underpinning: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Land Clearing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of Explosives: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oilfield Work: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Welding: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pile Driving: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wrecking: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Raising of Moving of Building: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hot Work: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, give full details of any such operations:

15. Are all employees (including contract employees) covered by Workers' Compensation? Yes No

If No, provide:

Number of employees: Payroll: Occupation:

16. 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



17. Previous Insurer: Policy Number:

Has any insurer ever cancelled, refused or applied special terms to any similar insurance for applicant? Yes No

If yes, give full details:

Limit of Insurance: Each occurrence

Signature of

Date:

Applicant:

Position:

Broker:
