



Watts: 1-888-868-8367 (TOTTENS)

Telephone: 905-696-9000

Fax: 905-696-9600

Website: www.tottengroup.com

SMALL CONTRACTORS PROGRAM

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Name of Applicant

The information contained in the following application has been submitted to Totten Insurance Group by

Name of Insurance Brokerage/Account Executive

Date

Signature of Broker/Account Executive

TOTTEN GROUP

I N S U R A N C E

1550 Enterprise Road, Suite 225, Mississauga, ON L4W 4P4
Watts: 1-888-868-8367 (TOTTENS) Phone: (905) 696-9000 Fax: (905) 696-9600
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Business Name _____

Name of all Principals _____

Business Address _____

1. List of Operations and Amount of Gross Revenues for each, performed by applicants

<u>List all operations performed by Applicant:</u>	<u>Gross Revenues</u>

2. List all operations performed for Applicant by subcontractors:

	<u>Sublet Cost</u>

3. Does Applicant perform work in: (if "Yes", please provide full details of work undertaken.)

Aerospace Yes No Airport Yes No Oil and Gas Yes No Nuclear Yes No
 Medical Yes No Railroad Yes No Scientific Yes No

4. Any product or work done outside of Canada? Yes No

5. Number of years in business _____

6. If new operation/company – describe work experience of principals _____

7. Has any Insurer canceled, declined or refused to renew insurance of the type applied for? Yes No

If "Yes", please give reason _____

8. Name of present Insurer _____

9. Claims – Past 5 years

<u>Date</u>	<u>Cause</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>

10. a) Do you sub-let work Yes No Cost of work sub-let _____

If "Yes", please describe _____

b) Are Sub-Contractors required to carry liability insurance? Yes No

c) What minimum limits of liability are Sub-Contractors required to carry?

d) Do you obtain Certificates of Insurance from Sub-Contractors? Yes No

e) Are any Hold Harmless agreements given by you? Yes No

If "Yes", please describe _____

11. Do you rent or lease equipment to others? Yes No

Revenues – with operators? _____

Revenues – without operators? _____

12. a) Indicate which of the following are completed or planned in completion of your projects:

- | | | |
|--|---|--|
| <input type="checkbox"/> Airport/Aircraft Work | <input type="checkbox"/> Gas/Oil Field Work | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Alarm Installations | <input type="checkbox"/> Logging | <input type="checkbox"/> Rigging |
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Mine Work | <input type="checkbox"/> Work on Ships |
| <input type="checkbox"/> Blasting/Explosives | <input type="checkbox"/> Moving/Raising Buildings | <input type="checkbox"/> Shoring/Underpinning |
| <input type="checkbox"/> Bridge Work | <input type="checkbox"/> Natural Gas Work | <input type="checkbox"/> Sprinkler Systems |
| <input type="checkbox"/> Bush Work | <input type="checkbox"/> Petro-Chemical Plants | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Crane Repair/Inspection | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Tunneling Work |
| <input type="checkbox"/> Dam Work | <input type="checkbox"/> Pollutant Clean Up | <input type="checkbox"/> Waste/Dump Sites |
| <input type="checkbox"/> Demolition/Wrecking | <input type="checkbox"/> Propane Facilities | <input type="checkbox"/> Welding/Cutting |

b) If any of the above are indicated, please provide details

13. List the five (5) Largest Projects" completed in the last three (3) years

	<u>Location</u>	<u>Type of Work</u>	<u>Contract Value</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

14. Is there any ownership, use or operation of watercraft by or on behalf of the Insured? Yes No

If "Yes", describe _____

15. Are all employees covered by Worker's Compensation? Yes No

If "No", please give details/split between different types of occupation/number of employees/payroll _____

16. Has the Insured purchased or been insured under a "Wrap-Up Liability Policy" in the past 12 months? Yes No

If "Yes", please provide details & percentage of revenues involved in Wrap-Up plans

17. Additional Remarks

Signature of Broker _____ Date _____

Signature of Applicant _____ Date _____