



COMMERCIAL GENERAL LIABILITY CONTRACTORS'

GENERAL INFORMATION

1. Applicant's name:

2. Applicant is:

- Individual Partnership
- Corporation Association
- Other (specify): _____

3. In business since: _____

4. Insured since : _____

5. Names and personal experience of owners:

Name	Experience

6. Mailing address:

7. Web site: _____

8. Description of Operations:

9. Does the applicant have any subsidiaries? Yes No
If Yes, describe:

10. Do the subsidiaries need insurance as well? Yes No

BUSINESS PROPERTY

11. Describe all premises owned, rented or used by the applicant.

Address	Occupancy	Area	Sprinklered	Owner or Tenant	Building Construction
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

12. Are any elevators owned or controlled by the applicant? Yes No
If Yes, specify; type, use, capacity and location:

13. Does the applicant own or control field? Yes No
If Yes, specify; location, area and use:

14. Does the applicant own or control aircrafts or watercrafts? Yes No
 Does he use them for location? Yes No
 If Yes, specify type and use:

ACTIVITIES

15. Actual income (expiring term):

16. Estimated incomes (projecting term):

17. Does the applicant perform professional services: Oui | Yes Non | No
 If Yes, please describe.

18. Description and division of activities:

Activities	Wages	Receipts expected by activities

19. Percentage (%) of activities in:

Residential	
Commercial	
Industrial	
Agricultural	
Institutional	
Others	

20. Projects' division:

New	
Renovation, Repair	

21. Number of employees in:

Office	
Other	

22. The application acts usually as a:
 General Contractor Subcontractor
 À titre de sous-traitant, cochez-le(s) type(s) | The application acts usually as a:
 Excavation Plumbing
 Electricity Heating
 Other (describe): _____

23. Does the application require subcontractors? Yes No

If Yes please complete the following:

Subcontractor	Nature	Amount (annual)

24. Does the applicant require a proof of Liability insurance on behalf of the subcontractors?

Yes No

If Yes, what is the required amount if insurance?

25. Does the applicant require certificate of insurance from the subcontractors? Yes No

26. Does the applicant hire a salaried architect or engineer? Yes No

27. Does the application contribute in "Wrap-up" contracts? Yes No

If Yes, describe the other contractors' contribution in the contract:

28. Does the applicant perform work such as:

	By you	By subcontractor	
Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On gas appliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insertion of posts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Application of Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using explosives, nuclear energy and/or laser beams	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Welding*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior Welding*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thawing of pipes*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tunnel excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In gas Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roofing*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In Harbors, airports, petroleum refinery, and mines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to the activities marked with a * please complete the annex and specify.

29. Does the applicant provide lawn-treatment services? Yes No

If Yes, does he use herbicides or pesticides?

30. Does the applicant use or handle chemicals products during his operations? Yes No

If Yes, specify type and quantity.

31. Does the application execute jobs in other provinces or abroad? Yes No

Ontario	
Quebec	
Outside Canada	
Other specify	



32. Does the applicant employ any professionals? Yes No
 If Yes, specify.

33. Indicate your most important contracts in the last three years:

Clients	Type of work	Amount

LOCATION

34. Does the applicant rent equipment or material for his use? Yes No
 What are the annual fees for the rent equipment or material:

35. Does the applicant rent equipment or material to third parties? Yes No
 With operator Without operator

Incomes of these activities: _____

Type of rented property: _____

36. Does the applicant work for organizations requiring special endorsements (HQ, Cities, etc.)?
 Yes No

If Yes and if available please provide examples of endorsements.

HISTORY OF APPLICATION

37. Actual Insurer: _____

38. Policy No: _____

39. Expiration date: _____

40. Has any insurer cancelled or refused insurance to the applicant? Yes No
 If Yes, why?

41. Has the applicant suffered any losses or notified his insurer of any possible claims within the past five (5) years? Yes No

If Yes, please complete the following:

Claimant		Loss Date	
Amount claimed		Liability	
Reserve		Indemnity paid	
Fees Paid		Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of the claim			

Claimant		Loss Date	
Amount claimed		Liability	
Reserve		Indemnity paid	
Fees Paid		Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of the claim			



42. Is the applicant aware of any facts or circumstances that may give rise to any future loss?

Yes No

If Yes, explain or complete the claims history.

43. What are the preventives measures taken following the claim(s) if applicable?

COVERAGES REQUIRED

Amount of Insurance: _____

Amount per claim: _____

Amount per insurance period: _____

Property Damage Deductible: _____

Each occurrence Each Claimant

Products – completed operations: _____

Tenant’s legal liability: Yes No

Amount of insurance of each location: _____

Medical expenses:

Amount per person: _____

Elevator collision: Yes No

Amount of Insurance: _____

Employee benefits programs Liability: Yes No

Others, specify:

Complete the supplement that applies to your activities.

I declare that all the information stated in this application is true.

Signature of the Insured: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.

ROOFER SUPPLEMENT

1. Describe your roofer activities:

2. According to the incomes mentioned above, division of the incomes for:

Hot Built up roofing	
Hot Mop	
Torch on membrane	
Cold membrane EPDM	
Shakes, shingles, tiles, metal cladding	
Others (specify)	

3. To prevent fires when applying heat:

Are the procedures proposed by the AMQC (Association des Maîtres Couvreur du Québec) followed? Yes No

If No, what procedure do you follow:

Do the employees have adequate training? Yes No

Are portable smoke detectors used? Yes No

Is there always a functional Portable fire extinguisher at your disposal while you are working on site where work with heat is performed? Yes No

Is it prohibited to smoke on the roof? Yes No

Is there always a supervisor on the site throughout the time there's work involving the use of a torch or application of heat? Yes No

Are hot air welders or electrical equipments with thermal seal used? Yes No

Is the applicant or his employee stay on the site at least 1 hour following the complete stop of the heat applying work? Yes No

Does the application use thermal camera to determine the invisible combustion points and the data retention following a heat applying work? Yes No

4. About the use of a torch, propane tanks and boilers for hot tarmac:

Are the Torch Systems Manufacturers recommendations followed? Yes No

Are the Roofing Materials Manufacturers recommendations followed? Yes No

Are hot trowels used instead of torches to finish works? Yes No

Are the used tar boilers equipped with a functional spill control tray? Yes No

Are torch's supports used? Yes No

Is the pressure equipment set up with a functional ULC approved regulator? Yes No

5. Par To prevent water damage:

Are protection measures taken to prevent water damage? Yes No

Are tarps used for protection? Yes No

Emergency pumping system? Yes No

Temporary seal? Yes No

Describe preventive measures:

6. Does the application make sure all jobs are inspected every day after work or after the job is completed? Yes No

WELDING, METAL WORK SUPPLEMENT

1. Describe welding activities:
-

2. Welding type:

Acetylene

Torch

Electrical

Others: _____

3. Does the applicant perform any welding operations away from his premises? Yes No
If Yes, give details:
-

4. Mention if the operations are executed in these places? If Yes, please explain.

Rafineries	<input type="checkbox"/> Oui	<input type="checkbox"/> No	
Oil plants	<input type="checkbox"/> Oui	<input type="checkbox"/> No	
Airports	<input type="checkbox"/> Oui	<input type="checkbox"/> No	
Harbour facilities	<input type="checkbox"/> Oui	<input type="checkbox"/> No	
Mines	<input type="checkbox"/> Oui	<input type="checkbox"/> No	
Sawmills	<input type="checkbox"/> Oui	<input type="checkbox"/> No	

5. What specialized training do you possess?
-

6. What training do you require your employees to have?
-

7. Describe your procedure of quality control:
-

8. During the job execution outside your workshop, do you always respect the following conditions:

Transportable combustible materials are removed? Yes No

Combustible floors are covered with metal or kept humid? Yes No

Containers, reservoirs, barrels containing or having contained combustible, inflammable, or explosive materials are cleaned and cleared of residues before work is performed on them?
 Yes No

Clothes, screens or protectives shields of metal or asbestos are used to prevent hot metal and sparks from falling on the combustible property which can't be moved? Yes No



We can find at all times, appropriate portable fire extinguishers or fire hoses ready to be used?
 Yes No

For all contracts, there is an authorized person who can effectively use the firefighting equipment described in the previous question and whose only task is the surveillance of sparks and who will remain on the premises during every job and will stay an hour after the work have ended? Yes No

At the end of every job, a complete verification is made in order to discover any fire, which can smolder in hidden recesses and hidden places? Yes No

SNOW REMOVAL SUPPLEMENT

1. Does your snow removal operations include sanding or salting? Yes No
 If No, is there another contractor designated to do the sanding and salting? Yes No

2. When do you execute your snow removal operation?
 Direct request from Customer
 Prearranged amount of Snowfall
 Other: _____

3. Do you do any snow removal of Highways, roads, streets, airport? Yes No

4. Do you have written contracts with your clients? Yes No If Yes, please provide a copy.

5. What is your snow removal total income including salting and sanding?

6. What percentage of work is made for:

Residential	
Commercial	

7. Percentage of work:

Parking lots	
Driveways	
Sidewalks	
Streets	
Highways	
Others	
Describe	

8. Do you keep written records regarding these operations (Attach a blank copy)
 Snow Removal Operations Yes No
 Salting and Sanding Operations Yes No

9. What type of equipment and how many are used for your Snow Removal?

Backhoe	
Pick-up with plow	
Front end Loader	
Others	
Describe	

10. Who is your commercial automobile carrier?

11. Does our automobile policy include coverage for attached machinery? Yes No

PLUMBER SUPPLEMENT

1. Do you perform pipe-thawing? Yes No
 If Yes describe the process: _____
 Percentage of income: _____

2. Do you do the connection for Heating System? Yes No

3. Do you work on Sprinkler System? Yes No

HVAC SUPPLEMENT

1. Do you install heating system:
 Gas: Yes No
 Geothermal: Yes No
 Electrical: Yes No
 Other: _____

2. What type of fireplace do you install:
 Wood: Yes No
 Gas: Yes No
 Ethanol: Yes No
 Pellet: Yes No
 Other : _____

3. Do you install chimney? Yes No

4. What is the percentage of your activities in:

Heating system intallation	
Heating system repair	
Fireplace installation	
Fireplace repair	
Others:	

5. Who installs the gas and/or electricity line? _____

SUPLÉMENT ÉLECTRICIEN / ELECTRICIAN SUPPLEMENT

1. Do you perform pipe-thawing? Yes No
 If Yes describe the process: _____
 Percentage of income: _____

2. Do you work on production machines? Yes No
 If Yes, what are the precautions?

Pourcentage des recettes: / Percentage of income: _____

3. Do you do the connection for Heating System? Yes No

4. Do you work on alarm System? Yes No