



GENMARK INSURANCE SERVICES INC.

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CONTRACTORS - COMMERCIAL INSURANCE APPLICATION FORM

Broker: _____		Date: _____	
Attn: _____		Tel: # _____ Fax #: _____	
Insured: _____			
Mailing Address: _____			
Risk Loc. #1: _____			
Payable to: _____			
Structure Type	<input type="checkbox"/> Industrial Plaza	<input type="checkbox"/> Strip Plaza	<input type="checkbox"/> Commercial Condo
	<input type="checkbox"/> Commercial/Residential Building	<input type="checkbox"/> Other _____	<input type="checkbox"/> High-rise Commercial Building
Construction	# of Stories _____	Year Built _____	sq. ft. _____ sq. metres _____
Walls	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Masonry
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Cement
Floor	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Patent	<input type="checkbox"/> Metal Clad
Roof	<input type="checkbox"/> Tar Gravel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Updates <input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year _____
Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Hot Air
	<input type="checkbox"/> Oil tank (inside/Outside, above ground /in ground)	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Space Heater
	<input type="checkbox"/> Updates <input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year _____
	- age of tank _____		
	- has oil tank been inspected by oil company? _____ When? _____		
	<input type="checkbox"/> Wood heat stove – ULC/CSA approved _____, professional installed _____		
	* Please provide a copy of wood-heat questionnaire for our reference.		
Electrical	<input type="checkbox"/> C/B	<input type="checkbox"/> Fuses	<input type="checkbox"/> Knob & Tube _____%
	<input type="checkbox"/> Updates <input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year _____
Plumbing	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized _____%
	<input type="checkbox"/> Updates <input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year _____
Sump Pump	Age _____		
Protection	<input type="checkbox"/> Hydrant within 300 meters / 1000 feet	<input type="checkbox"/> Firehall within 8 km	<input type="checkbox"/> Unprotected
Sprinklered:	<input type="checkbox"/> Yes _____%	<input type="checkbox"/> No	Burglar Alarm – Central Station Monitored <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/>
Prior Carrier:	_____	Policy # _____	Is renewal offered-if not why? _____
Loss experience – 5 years			
1. (a) Describe Business in Full Detail (Attach Brochures):			
(b) Describe any U.S. Exposure:			
(c) Describe any Other Foreign Exposure:			
(d) Number of Years in Business:			
(e) State Limits of Liability Required: Inclusive Limit: \$		Aggregate Limit: \$	
(f) Is Medical Payments Coverage Required? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Limit per Person: \$	

2. Please Complete the Following:

Location of Premises	Fully Describe Operations at Each Location	Tenants Legal Liability Limit
		\$
		\$
		\$

3. Are any of the Above Premises or Portions Thereof Leased or Rented to Others? Yes No

If Yes, Which Locations?

4. Are Premises Equipped with Elevators, Escalators, Hoists, Similar Equipment, Swimming Pools or Other Recreational Facilities?

Yes No If Yes, Please Complete the Following:

Number	Description	Location

5. If You Answer Yes to any of the Following, Please Provide Details Below:

(a) Does Anyone else Manufacture Your Product under Licence? Yes No

(b) Are any of Your Products Sold under Another Company's Name or Label? Yes No

(c) Do You Repackage the Products of Others? Yes No

(d) Have You Discontinued any Products or Operations in the Past? Yes No

(e) Do You Manufacture Products or Perform Operations According to Customer Specifications? Yes No

(f) Describe Quality Control and Inspection Procedures:

6. (a) Detail Fully and Break Down Types of Operations and Work Performed by Insured:

Operation	Payroll	Gross Receipts

(b) Does Your Operation Involve the Use of any Flammable or Poisonous Materials? Yes No

If Yes, Please Describe:

7. Do You Engage in any of the Following Operations? If Yes to any of these Operations, Please Provide Details Below:

(a) Demolition or Wrecking Yes No

(b) Shoring Yes No

(c) Underpinning Yes No

(d) Caisson Work Yes No

(e) Excavating Yes No

(f) Tunnelling Yes No

(g) Use of Explosives Yes No

(h) Raising or Moving of Buildings and Structures Yes No

8. Please Provide Details of Operations Involving the use of Welding Equipment, or Other Similar Equipment away from the Premises Owned, Occupied or Used by You:

9. Do You Rent or Lease Mechanical Equipment to or from Others? Yes No

With or Without Operators? Yes No Please Provide Details, including Receipts or Costs:

10. List all Lease Agreement, Railway Siding Agreements etc. (Attach Copies of Contracts if Possible).

11. (a) Do You Sub-Let any Work? Yes No If Yes, Please Describe:

Cost of Work Sub-Let: \$

