

# Electrical Contractor Liability Application

## Canadian Special Risks

#204, 5003 - 50 Avenue  
Athabasca, AB T9S 1T2

Phone (toll-free): 1-855-732-3605 -- Fax: 1-780-675-3883

### SECTION 1: APPLICANT INFORMATION

1. Name of Insured \_\_\_\_\_

2. Contact Person \_\_\_\_\_

3. Address \_\_\_\_\_

4. City / Province \_\_\_\_\_

Postal Code \_\_\_\_\_

5. Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Effective Date of Coverage : \_\_\_\_\_

Referred by : \_\_\_\_\_

### SECTION 2: GENERAL LIABILITY UNDERWRITING INFORMATION

Full Description of Business Operations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Receipts: \$ \_\_\_\_\_

Area(s) of Operations  Alberta  Saskatchewan  Manitoba  British Columbia  
 Ontario  Quebec  Newfoundland and Labrador  
 New Brunswick  Nova Scotia  Prince Edward Island

USA Exposure?  Yes  No

Please note that **we do not offer coverage in the United States.**

Total Number of Employees \_\_\_\_\_ FullTime \_\_\_\_\_ PartTime \_\_\_\_\_

Year Business Established \_\_\_\_\_ Years Exp. of the Principle/Partners \_\_\_\_\_

Year of Completion of Apprenticeship \_\_\_\_\_ Registration No. \_\_\_\_\_

**Insured's Qualifications** (List all certificates & any other qualifications)

\_\_\_\_\_  
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\_\_\_\_\_  
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**SECTION 2 continued**

Has the Applicant ever had Certification License revoked?  Yes  No

If yes, provide details:

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**SECTION 3: SUBCONTRACTING INFORMATION**

Does the Applicant ever Subcontract out parts of a job?

Yes  No

If yes, are checks made to ensure the Subcontractors have proper certification?

Yes  No

Are certificates of insurance obtained in cases when subcontractors are used?

Yes  No

How does the applicant verify qualifications of Subcontracts?

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**SECTION 4: MISCELLANEOUS**

Please provide any additional information that may be pertinent in the assessment of this Applicant:

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**SECTION 5: INSURANCE & LOSS HISTORY INFORMATION**

Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Property Damage Deductible on prior policy?  Yes  No If yes, amount: \$ \_\_\_\_\_

**SECTION 6: CLAIMS**

**Claims Experience** Describe all claims in the last five years (include all relevant details, such as dates)

**Liability**

Any liability claims in the last five years?  Yes  No If yes, amount: \$ \_\_\_\_\_

Describe Liability claims:

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**SECTION 6 continued**

**Property**

Any property claims in the last five years?  Yes  No If yes, amount: \$ \_\_\_\_\_

Describe Property claims:

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**SECTION 7: INSURANCE REQUIREMENTS**

- Commercial General Liability:**  \$1,000,000 aggregate per policy year  
 \$2,000,000 aggregate per policy year  
 \$3,000,000 aggregate per policy year  
 \$5,000,000 aggregate per policy year

**SCHEDULE OF PROPERTY TO BE INSURED**

**Property** Value: \$ \_\_\_\_\_

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**Buildings** Value: \$ \_\_\_\_\_

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**Stock** Value: \$ \_\_\_\_\_

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**Equipment** Value: \$ \_\_\_\_\_

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## NOTICE TO APPLICANT

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

An Applicant for a contract:

1. An Applicant for a contract:
  - a. Gives false or erroneous information to the prejudice of the insurer, or
  - b. Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the contract

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE AGREEMENT.**

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Applicant Signature

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Position

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Printed Name

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Date

### ***Financial Products Disclosure***

Canadian Special Risks has an exclusive contract with Chubb Insurance Canada and represent products available through them. Canadian Special Risks also represents Cansure, and other companies as arranged by Cansure. No insurer holds any ownership interest in Canadian Special Risks, nor does Canadian Special Risks hold an interest in any insurance company. If you choose to purchase a product through Canadian Special Risks, Canadian Special Risks will be paid by the company that offers that product. Canadian Special Risks is compensated by a sales commission at the time of sale and may receive a renewal (or service) commission if you (our client) keep that policy in force. It is Canadian Special Risks duty to disclose any conflict of interest with you as our client, Canadian Special Risks confirms that there is no conflict of interest in regard to the proposed sales transaction that you are considering, and that Canadian Special Risks overall recommendation takes into consideration and is based on Canadian Special Risks analysis and assessment of your financial and security needs.