

Branch Office Fax No.: _____

PRIME HARDHAT APPLICATION

CLIENT INFORMATION

Client Name: _____

Type of Business Corporation Partnership
 General Contractor Sub-Contractor
 Independent Other _____

Client Address

Street _____ Suite _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Principals: _____

Client Language English French Effective Date: _____ Year Business Started: _____

Description of Client's Operations: _____

How many losses has the client had in the last five years (including errors and omissions, if applicable)? _____

Date	Amount Paid	Amount Outstanding	Deductible	Description	Insured
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Insurance Co.: _____ Policy #: _____

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

If yes, please provide details: _____

Are you aware of an occurrence that may lead to claim? Yes No

If yes, please provide details: _____

SPECIAL UNDERWRITING INFORMATION

Property - Location 1:

Street _____ Suite _____

City _____ Province _____ Postal Code _____

Construction

- 1. Fire Resistive
- 2. Non-Comb. - Masonry
- 3. Non-Comb. - Non Masonry
- 4. Masonry
- 5. Brick Veneer
- 6. Frame

Public Protection

- Less than 1,000 feet to a hydrant
- Greater than 1,000 feet to a hydrant, but less than 5 miles to a fire hall
- Greater than 5 miles to a fire hall

Percentage of building sprinklered: _____

Occupancy (other than by client): _____

Year Built: _____ How many mortgagees are on this property? _____

If built before 1965 indicate latest year each of the following systems was "completely updated:

Roof _____ Plumbing _____ Sprinklers _____ Heating _____ Electrical _____ Air Conditioning _____

Building Type: High Rise Enclosed Mall Strip Plaza Stand Alone Other _____

No. of storeys _____ No. of storeys you occupy _____ Ground floor area (square feet) _____

Floor area you occupy (square feet) _____ Total number of units/suites _____

Alarms No Alarm Protection ULC Approved Monitoring Station
 Local Burglar Alarm ULC Approved Central Station
 Other, Please Describe _____

Is there a parking lot for the building? Yes No If yes, are responsible for maintenance? Yes No

Describe Exposures:

Front Occupancy _____ Construction _____ Distance _____
 Left Occupancy _____ Construction _____ Distance _____
 Right Occupancy _____ Construction _____ Distance _____
 Back Occupancy _____ Construction _____ Distance _____

Provide details of any physical protection for all windows, doors and other openings: _____

Safe Yes No If yes, please describe _____

Maximum amount of cash on premises during working hours _____

Maximum amount of cash on premises overnight _____

TYPE OF PROPERTY

Property (main) deductible \$ 1,000 \$ 2,500 \$ 5,000
 Building Replacement Cost Value Automatic NIL Total Limit Required _____
 Business Contents Automatic \$ 25,000 Total Limit Required _____
 All Property total (building replacement cost value + business contents) required Yes No

Extensions

Deductible (property extensions)* \$ 1,000 \$ 2,500 \$ 5,000
 Automatic Total Limit Required
 Business Contents Temporarily Off Premises or in Transit* \$5,000 _____
 Extra Expense* \$50,000 _____
 Accounts Receivable \$100,000 _____
 Valuable Papers and Records \$25,000 _____
 Professional Fees \$50,000 _____
 Hazardous Substances (Equipment Breakdown) \$50,000 _____
 Equipment Breakdown deductible \$ 1,000 \$ 2,500 \$ 5,000

CONTRACTOR'S EQUIPMENT AND TOOL FLOATER

Actual cash value of equipment* over 5 years old.*** _____

Replacement cost of equipment* not over 5 years old.*** _____

Actual cash value of tools** over 5 years old.*** _____

Replacement cost of tools** not over 5 years old.*** _____

Are any tools or equipment leased or rented from others? Yes No

Equipment storage location: _____ Maximum value of equipment and tools inside building: _____

Does client have facilities for repairing or servicing own equipment? Yes No

Is equipment serviced and overhauled on a regular basis in accordance with manufacturers guide? Yes No

Are any pieces of Equipment protected by tracking equipment (global positioning system locators)? Yes No

If yes, please note when describing on details sheet

Contractor's Equipment deductible \$ 1,000 \$ 2,500 \$ 5,000

Newly Acquired Contractor's Equipment and Tools Automatic \$250,000 Total Limit Required _____

Contractor's Equipment Rental Reimbursement Automatic \$25,000 Total Limit Required _____

* Any piece of equipment with a value of \$1,500 or less should be included under tools

** Any tool with a value greater than \$1,500 should be included under equipment

*** Please complete equipment & tools - details sheet, for all equipment and for tools with an individual value of \$500 or more

INSTALLATION FLOATER*

Type of property installed _____

Name of installer or sub-contractor _____

Installations Normally Inside Building Outside Building

No. of jobs in progress at any one time: Average _____ Maximum _____

Estimated Annual Receipts: _____ Number of days to complete installation _____

Average annual values installed _____

Value of property at any one location: Average _____ Maximum _____

Maximum value in any one transit: _____ Average duration of transit: _____

Normal method of transportation of property to be installed: _____

*Installation Floater deductible matches property deductible

Is hot work ever done as part of a job? Yes No If yes, is a hot work permit system used? Yes No

Installation Floater Limit Automatic \$10,000 Total Limit Required _____

CRIME

Employee Dishonesty		All Covers Except Employee Dishonesty	
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$2,500	
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$5,000	
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$10,000	

Number of employees Class 1 Class 2

That carry money outside the premises (owners accountants messengers etcetera) _____

LIABILITY

Property Damage Deductible Required? \$ 1,000 \$ 2,500 \$ 5,000

Each Occurrence Limit

\$1,000,000 \$4,000,000 Tenants Legal Liability \$500,000 Other _____

\$2,000,000 \$5,000,000

\$3,000,000 Building Material Replacement \$10,000 \$25,000

Non Owned Automobile \$1,000,000 \$2,000,000 Other _____

(Maximum Limit \$5,000,000)

Breakdown of Client's Annual Income

Construction Trade	Gross Receipts	Cost of Sub-Let Work

Number of employees including part-time _____

How many years of experience in the type of operations undertaken do the client and key employees have? _____

Is casual or unskilled labour employed? Yes No

Do you have any on staff professionals (architects, engineers, surveyors)? Yes No

Do they perform original design work on projects? Yes No

Do the on staff professionals carry errors and omissions coverage? Yes No

If yes: Company Name _____ Policy Number _____

Does the client carry SPF-4 Garage coverage? Yes No

If yes: Company Name _____ Policy Number _____

Please list your last projects:

New Construction (NC) or Renovation (REN)	Duration in Months	Occupancy on Completion

What percentage of operation is: Rural _____ Commercial Work _____ Urban _____ Residential Work _____

Do any operations take place outside of Canada? Yes No If yes, how often: _____

Is equipment ever rented or leased to others without an operator? Yes No

Are subcontractors required to carry liability insurance? Yes No

If yes, what limit of liability insurance is required? _____

Are certificates of liability insurance always obtained from subcontractors before they are allowed to commence work? Yes No

Are formal contractual agreements entered into with subcontractors? Yes No

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

Check if completed or planned projects include any of the following:

- Blasting Logging or Lumbering Shoring or Underpinning Bridges
- Mining Structural Steel Caissons Oil Field Work
- Tunneling Dams Pile Driving Use of Explosives
- Excavating Raising or Moving Buildings Welding Land Clearing
- Rigging Wrecking Gas Work Open Flame Work

OPTIONAL COVERAGE

Extended business income: Yes No Amount of Business Income Insurance _____
(Please Attach Completed Business Income Worksheet)

Amount of Gross Receipts \$ _____

Indemnity Period 12 Months 18 Months 24 Months 36 Months

Additional Increase in Cost of Operations Automatic \$25,000 Total Required _____

Fines or Damages Automatic \$25,000 Total Required _____

Ordinary Payroll: Limit \$ _____ 30 Days 60 Days 90 Days 120 Days 180 Days Full Payroll

ADDITIONAL OPTIONAL COVERAGE

Flood Yes No Earthquake Yes No Sewer Back-up Yes No

Nature of Ground Flat Hillside Hilly Swampy Other _____

Soil Filled Ground Rock Sand Shale Other _____

Equipment Breakdown on Self Propelled Units and Portable Equipment Yes No

Fine Arts*: _____

Miscellaneous Property Broad Form*: Deductible \$1,000 \$2,500 \$5,000 _____

Scheduled Builders risk: Yes No If yes, please complete "Builders Risk Details" form on each project as required.

Umbrella: Yes No If yes, please complete separate Umbrella application.

Group Accident: Number of full time clerical employees _____ All other full time employees _____

Limit \$25,000 \$50,000 \$75,000 \$100,000

*Please provide a list of Miscellaneous Property items over \$500 and all Fine Arts, including a description and value for each item.

Target premium: _____

Additional comments: _____

Broker Name _____

Street _____ Suite _____

City _____ Province _____ Postal Code _____

Producer's Name _____ Client's Name _____

Position/Title _____ Position/Title _____

Telephone _____

Email _____

Signature _____

Date _____

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application for insurance or a renewal, extension or variation thereof by Aviva for business purposes.

Signature _____

Date _____

Time & Date Received _____