

Commercial General Liability Questionnaire for Contractors

1. Name of the Applicant and Subsidiary Companies (includes name of the principals):
2. Mailing Address:
3. Website (if any):
4. Description of Operations:
5. Is Applicant: (a) ☐ General Contractor ☐ Subcontractor
(b) ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture
6. During the last five years,
 - (a) Has the name of applicant changed? ☐ Yes ☐ No
 - (b) Has the applicant purchased any other businesses? ☐ Yes ☐ No
 - (c) Have any mergers or consolidations taken place? ☐ Yes ☐ No

If yes to (a), (b), or (c) above, explain:
7. (a) Number of Years in Business:
(b) Number of Years Experience in the type of operations undertaken:
8. Total Revenue and Payroll for the:
 - a) Previous 12 months (Actual): b) Current 12 months (Estimated): c) Next 12 months (Estimated):
9. (a) Breakdown of Revenue (includes revenue for operations and projects covered under separate wrap-up policies):

Operations	Est. Gross Revenue	% Subcontracted	Covered under Wrap-Ups? (Yes / No)

(b) Breakdown of Revenue by Client-type: Residential: % Commercial: %
 Industrial: % Municipal: % Infrastructure: %

(c) Breakdown of Revenue between new construction and renovations of existing structures? /

(d) What is the average size of a job in dollar value? \$

10. Describe your company's three largest projects or contracts in past year:

Project Name / Client	Project Cost	Services Provided	Duration	Current Status

11. (a) Number of employees (includes part-time):

(b) Is casual or non-skilled labor employed? ☐ Yes ☐ No

(c) Do you have any on-staff professionals? ☐ Yes ☐ No If yes, lists all on-staff professionals:

(d) Do on-staff professionals carry Errors and Omissions Insurance? ☐ Yes ☐ No

If yes, provide policy details (such as policy number, policy limit, effective date, and name of carrier):

12. Does the Applicant handle, use or perform operations involving any of the following?

	Yes	No		Yes	No		Yes	No
Asbestos, Lead, Mold Remediation Services	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Material Clean-up, Remediation	<input type="checkbox"/>	<input type="checkbox"/>	Raising or Moving of Building	<input type="checkbox"/>	<input type="checkbox"/>
Blasting (includes "Drilling, Placement, Detonation")	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tarring, Application of Heat, Open Flame Work	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive	<input type="checkbox"/>	<input type="checkbox"/>
Boiler and Pressure Vessel	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	Rigging	<input type="checkbox"/>	<input type="checkbox"/>
Bridges, Dams	<input type="checkbox"/>	<input type="checkbox"/>	Land Clearing	<input type="checkbox"/>	<input type="checkbox"/>	Restoration Works (Fire or Water Damage)	<input type="checkbox"/>	<input type="checkbox"/>
Caisson Works	<input type="checkbox"/>	<input type="checkbox"/>	Liquefied Petroleum	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Construction, Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Demolition, Dismantling, Wrecking	<input type="checkbox"/>	<input type="checkbox"/>	Logging or Lumbering	<input type="checkbox"/>	<input type="checkbox"/>	Shoring	<input type="checkbox"/>	<input type="checkbox"/>
Drilling (includes Directional Drilling, Boring for Underground Utility Work)	<input type="checkbox"/>	<input type="checkbox"/>	Marine or Dredging Services	<input type="checkbox"/>	<input type="checkbox"/>	Tank Installation, Service or Removal	<input type="checkbox"/>	<input type="checkbox"/>
Erection of Structural Steel	<input type="checkbox"/>	<input type="checkbox"/>	Mining	<input type="checkbox"/>	<input type="checkbox"/>	Transformer Installation, Service or Removal	<input type="checkbox"/>	<input type="checkbox"/>
Excavating	<input type="checkbox"/>	<input type="checkbox"/>	Oilfield Work	<input type="checkbox"/>	<input type="checkbox"/>	Tunneling	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Oil Reclamation	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing, Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	Pesticide, Herbicide, Fertilizer Application	<input type="checkbox"/>	<input type="checkbox"/>	Waste Disposal, Handling, Recycling, Storage	<input type="checkbox"/>	<input type="checkbox"/>
Gas Work	<input type="checkbox"/>	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>	Welding (includes Cutting and Brazing)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide details:

13. Have you previously, or are you currently, involved with projects or works which take you onto premise(s) or job site(s) upon which any of the following are present?

	Yes	No		Yes	No		Yes	No
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturing By-products	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides, Herbicides, Insecticides	<input type="checkbox"/>	<input type="checkbox"/>
Biohazard Materials	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	Polychlorinated biphenyls (PCB's)	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Organic Spills	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Metals	<input type="checkbox"/>	<input type="checkbox"/>	Organic Peroxides	<input type="checkbox"/>	<input type="checkbox"/>	Solid, Liquid, Industrial Waste Disposal, Storage, Transfer – e.g. Landfills, etc	<input type="checkbox"/>	<input type="checkbox"/>
Industrial, Toxic Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Particulates, SO ₂ , Nitrogen Oxides, Carbon Monoxide and Dioxide	<input type="checkbox"/>	<input type="checkbox"/>	Tire Disposal	<input type="checkbox"/>	<input type="checkbox"/>
Lead (includes Lead Paints)	<input type="checkbox"/>	<input type="checkbox"/>	Petroleum and LPG – e.g. Gasoline, Fuel, Crude Oil, etc	<input type="checkbox"/>	<input type="checkbox"/>	Other Contaminants, Hazardous Materials, Pollutants	<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide details:

14. (a) Are subcontractors required to carry liability insurance?

☐ Yes ☐ No

(b) Do you require subcontractors' insurance policies to include coverage for pollution and XCU (explosion, collapse, underground damage) exposures?

☐ Yes ☐ No

(c) Are certificates of liability insurance obtained from subcontractors annually?

☐ Yes ☐ No

(d) Are you added on subcontractor's insurance policies with Additional Insured status? ☐ Yes ☐ No

(e) What minimum limits of insurance do you require of your subcontractors? \$

(f) Are formal contractual agreements entered into with subcontractors? ☐ Yes ☐ No

If yes, is a "Hold Harmless" clause included in Applicant's favor? ☐ Yes ☐ No

15. Do any operations take place outside Canada? ☐ Yes ☐ No If yes, provide details:

16. Is equipment ever rented or leased to others? ☐ Yes ☐ No

If yes, what equipment, with or without operator?

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

If yes, provide details:

18. Is any work carried out at airports? ☐ Yes ☐ No If yes, provide details:

Is the work done at the airside or groundside?

19. (a) Do you select disposal sites for hazardous or non-hazardous waste? ☐ Yes ☐ No

(b) Do you arrange for disposal of hazardous or non-hazardous waste on behalf of clients? ☐ Yes ☐ No

20. Do you own, operate, or lease licensed waste treatment, storage, or disposal facilities? ☐ Yes ☐ No

21. Indicate the raw or process materials used in your operations, including all fuels such as gasoline, kerosene, diesel, etc:

Description of Materials	Max Quantity Stored per job site	Drum(s)	Tank(s)

22. (a) Do you have personnel responsible for job-site safety? ☐ Yes ☐ No

(b) Do you have personnel responsible for environmental compliance? ☐ Yes ☐ No

If yes, give name(s) and any qualifications, certifications (e.g. COR), etc:

23. Are your personnel trained in the use of personal protective equipment? ☐ Yes ☐ No

24. Describe training given to employees who work with hazardous materials – for example, in-house seminars, outside seminars, on-the-job training, etc. Distinguish new hiring as needed. Give training interval for regular employees training programs.

25. (a) Do you have a written Confined Space Entry Protocol? ☐ Yes ☐ No

(b) Do you have a written Disaster, Emergency Response or Evacuation Plan? ☐ Yes ☐ No

(c) Do you have a written Spill Prevention, Control or Countermeasure Plan? ☐ Yes ☐ No

26. (a) Do any of your employees use their own automobile or any automobile not owned by applicants during the course of employment? ☐ Yes ☐ No

(b) Do you or any of your employees rent, lease, or hire any automobiles from others (less than 30 days rental)?

☐ Yes ☐ No

If yes, indicate number of rented, leased, or hired:

Please provide estimated annual cost of rental, lease, or hire for all classes of vehicles – e.g. Commercial up to 4.5 tons GVW, Commercial over 4.5 tons GVW, Private Passenger, and Others (describe):

27. Requested Coverage (Effective Date, Coverage Type, Limit of Insurance, Deductible, etc):

28. Existing Coverage (Previous Insurance Company, Policy Number, Effective Date, Limit of Insurance, Deductible, etc):

29. Has any insurance company ever cancelled, refused or applied special terms to any similar insurance for applicant? ☐ Yes ☐ No

If yes, provide full details:

30. Has the applicant ever been named in litigation with relates to faulty construction (e.g. leaky condominiums)? ☐ Yes ☐ No

If yes, provide full details:

31. List all claims paid and/or outstanding during the past five years. Show all amounts net of deductible:

Date	Amount Paid	Amount Outstanding	Deductible	Details

32. Additional Information / Details:

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for the contract of insurance to be based upon the truth of the said statements.

Signed by (applicant): _____ Date: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.