



**INDEPENDENT CONTRACTORS  
COMMERCIAL INSURANCE APPLICATION**



Named Insured:			
Mailing Address:			
Phone:		Email:	
Cell:		Website:	
F ax:		Years in Business:	
Principals:			
Description of Operations:			

**SECTION ONE - PROPERTY**

Location No.:		Address:	
Occupied as:			
Age of Building:		Number of Storeys:	
Walls:	HCB <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Frame <input type="checkbox"/> Steel on Steel <input type="checkbox"/> Other (If Mixed, % of Each):		
Roof Structure:	Wood Joist <input type="checkbox"/>	Steel Joist <input type="checkbox"/>	Concrete <input type="checkbox"/>
Covering:	Tar & Gravel <input type="checkbox"/>	Asphalt Shingle <input type="checkbox"/>	Wood Shake <input type="checkbox"/> Steel Deck <input type="checkbox"/>
	EPDM <input type="checkbox"/>	Other: <input type="checkbox"/>	Describe:
Area of Building:	sq. ft.	Insured's Area:	sq. ft.

**Common Hazards**

Electrical:	Circuit Breakers <input type="checkbox"/>	Fuses <input type="checkbox"/>	Year of Update:
Heating: Fuel:	Natural Gas <input type="checkbox"/>	Oil <input type="checkbox"/>	Electric <input type="checkbox"/> No Heat <input type="checkbox"/>
Type:	Hot Water <input type="checkbox"/>	Forced Air <input type="checkbox"/>	Year of Update:
Plumbing:			Year of Update:
Spray Painting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, approved spray paint booth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Woodworking?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, dust collection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cooking?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, CO2 system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, Maintenance Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other Occupancies / Adjacent Exposures**

Same Building:	
Adjacent:	

**General**

Public Protection:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, full time <input type="checkbox"/> or volunteer <input type="checkbox"/>
	Hydrant within 500'? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Hall within 8 km.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, percentage sprinklered %
	Is system alarmed.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is alarm monitored? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Maintenance contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Last Check	
Own Protection:	Windows Barred? Yes <input type="checkbox"/> No <input type="checkbox"/>	Deadlocked on doors? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Premises Alarmed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Local <input type="checkbox"/> Monitored <input type="checkbox"/>
	Name of monitoring company:	
	Dedicated Line? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crime:	Perimeter Openings? Yes <input type="checkbox"/> No <input type="checkbox"/>	Motion Detectors? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Safe on Premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	Classification:
	Employee Dishonesty Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Class A Employees?

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**SECTION TWO - LIABILITY**

Gross Receipts:	Annual: \$	No. of Employees:	
	Non-Wrap-up: \$	Wrap-Up: \$	
	Installation: \$	Payroll: \$	
	% Canada: %	% USA: %	% Other:
Sub-contracted	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount and describe:	
Additional Insureds:			
Remarks / Comments – if you have more than one operation, please describe.			

**SECTION THREE - GENERAL**

Mortgagees / Loss Payees	
Has the Insured had previous insurance cancelled or declined: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
List all losses sustained during the past five years – property and liability. Please attach separate list if necessary.	
Name of Present Insurer:	
Policy Number: <span style="float: right;">Expiry Date:</span>	
Additional information if available:	
List of major projects undertaken in the past 5 years and value of your portion of the contract (please provide list):	
Please attach. / include:	
Corporate Brochure Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Safety Manual Yes <input type="checkbox"/> No <input type="checkbox"/>
Resume's of Ownership Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**SECTION FOUR - COVERAGE REQUIREMENTS**

Coverage	*RC / **ACV	Limit of Liability
Building		
Stock		
Equipment		
Tools (On-Premises)		
Office Equipment		
Customers Goods		
EDP - Equipment		
- Data / Media		
- Extra Expense		
- Laptops (attach list)		
Accounts Receivable		
Valuable Papers		
Blanket Glass		
Transit		
Any Other Location		
Custody Salesperson		
Business Interruption		
Gross Earnings		
Profits		
Gross Rents		
Extra Expense		
Builder's Risk		

Coverage	*RC / **ACV	Limit of Liability
Contractors Equipment (attach list)		
Misc. Property Floater		
Rented Equipment		
Rental Reimbursement		
Installation Floater		
- Transit		
- A.O.L.		

B&M Direct Damage		
- Business Int		
- Incl. / Excl. A/C		

**SECTION FIVE - ADDITIONAL LOCATIONS (only complete if you have more than 1 location)**

Location No.:	Address:		
Occupied as:			
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	If yes, Maintenance Program:		Yes <input type="checkbox"/> No <input type="checkbox"/>

\* **Replacement Cost (RC)** – Applies to buildings, contents irrespective of age, and equipment 5 years and newer.

\*\***Actual Cash Value (ACV)** – Applies to stock and equipment 5 years and older. Equipment should be evaluated at its current market value

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**STATUTORY CONDITION #1 OF POLICY - MISREPRESENTATION**

If any person applying for insurance falsely describes the property, including the value thereof, to the prejudice of the Insurer(s) or misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the Insurer(s) in order to enable it to judge the risk to be undertaken, the contract of insurance shall be void as to any property in relation to which the misrepresentation or omission is material.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form by fax to 604-437-5347 or by email to [info@wmbeck.com](mailto:info@wmbeck.com)

WILSON M. BECK INSURANCE SERVICES INC.  
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