



# GROUPASSUR

## POST DISASTER REMEDIATION CONTRACTORS

Broker :

Brokerage :

### GENERAL INFORMATION

1. Applicant's name:

2. # RBQ :

3. Policy period :

4. Group :

GUS Group

Belfor Canada

CDRG

Daoust Fortget

FIRAS

Paul Davis Systems

Firstonsite Restoration

Onside Restoration

First General

None/Independant

Qualinet

Service Master of Canada

Steamatic Canada

Winmar

Others :

5. Legal Status :  Partnership  Corporation  Joint Venture  Sole proprietor

6. Owners and / or managers :

Names	Date of Birth

7. Contact :

Names of the contact	Phone / Fax	Email

8. Postal address :

9. Telephone :

Fax :

Email :

Web site :

10. In business in this area since :

11. Experience in this area since :

12. Know to the broker since :

13. Docket :  Yes  No \*If YES, explain :

14. Current insurer :

Policy Number :

Premium:

15. Refusal or cancellation of previous insurance?  Yes  No, If YES, explain :

16. Claims in the last 5 years :

Claimant :		Loss Date :	
Amount claimed :		Liability :	
Reserve :		Indemnity paid :	
Fees Paid :		Closed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of the claim :			

Claimant :		Loss Date :	
Amount claimed :		Liability :	
Reserve :		Indemnity paid :	
Fees Paid :		Closed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of the claim :			

17. Risk management measures :

## DESCRIPTION OF PHYSICAL RISK

18. Location no : Territory : GTA Code:

19. Address of the risk : City :

Province : Postal code :

20. Applicant's activity :

Area (sq.ft.) :

21. Other Activities in the building :

Area (sq.ft.) :

22. Creditors

Creditors	Address	Amount	Section

## LOCATION DETAILS

23. Pictures :  Yes  No

23. Have you visited this risk?  Yes  No

24. Construction :

**Walls**

Fire resistant   
Noncombustible   
Steel/Masonry   
Wood/Brick

**Roof**

Fire resistant   
Noncombustible (Steel)   
Combustible (Wood)

**Floors**

Fire resistant   
Noncombustible   
Combustible

25. Total building area (including basement) : sq.ft.

26. Year Built :

27. Number of floors : Basement :  Yes  No

28. **Electricity** :  Fuses  Circuit Breaker

Amp. Number

Wiring :  Cooper  Aluminium

29. **Heating** :

Main Heating (Type)

- Hot air
- Hot Water
- Electric Baseboards
- None

Fuel (Source)

- Gaz
- Oil \*
- Électricity
- Wood
- Propane
- None

Secondary Heating

- Gaz
- Oil
- Électricity
- Wood
- Propane
- None

*\*If the fuel is oil, please complete the annex*

30. Water Heater :  Less than 10 yrs  More than 10 yrs

By-pass Valve :  Yes  No

Business :  Excellent  Good  Average  Poor

31. **Renovations** :

Roofing :  Partial  Complete

Heating :  Partial  Complete

Plumbing :  Partial  Complete

Electricity :  Partial  Complete

Other:

32. **Neighboring Risks** :

	Activities	Construction	Distance ft.
Front			
Left			
Right			
Back			

**33. Fire protection:**

Distance from fire hydrants :  Less than 500ft (150m)  
 Less than 1000ft (300m)  
 No Fire hydrants

Distance from the fire department : km

Portable Extinguishers : Number : Type :

Date of the last inspection :

**34. Automatic Sprinklers :**  Yes  No  Partial  Complete  
Linked :  Yes  No  100%  Yes  No

Date of the last inspection :

**35. Crime protection :**

Système d'alarme :

Protection	Linked :	Protected Line (D-Vac) :
<input type="checkbox"/> Complete (area)	<input type="checkbox"/> Central	<input type="checkbox"/> Yes
<input type="checkbox"/> Partiel (perimeter)	<input type="checkbox"/> Police	<input type="checkbox"/> No
	<input type="checkbox"/> Residence	
	<input type="checkbox"/> Not connected	

Window Bars :  Yes  No

Safe :  Yes  No Type of Combination :  Timer  Combinaison

Number of employees handling money :

Lock Type :  Single dead bolt  Double dead bolt  Ordinary

Guard on premises :  Yes  No

## DESCRIPTION OF ACTIVITIES

36. Description of activities : **MANDATORY SECTION**

	Annual income			
	Quebec	Ontario	Other Prov.	Outside Canada
Drain (construction, reparation)				
Drain (Cleaning)				
Dry Cleaning				
Post disaster restoration (client's location)				
Post disaster restoration (insured's location)				
Ventilation conducts cleaningon				
Structural drying				
Fine Arts restoration				
Plumbing				
Renovation & Construction				
Landscaping				
Decontamination (must balance with Pollution section)				
Others :				

37. Number of employees: Full time :

Part time :

Wage :

38. Income tendency :  Stable

Increasing

Decreasing

39. Additional Insured :

Additional Insured's name	Description of their insurable interest

40. Percentage of activities in :

Résidential :

Commercial :

Industrial :

Institutional :

Farm :

Others :

41. The application acts usually as a :  General Contractor OR  Subcontractor

As a subcontractor, check the type(s) :  Excavation  Plumbing  Electricity

Heating  Other (describe):

42. Le proposant utilise-t-il les services de sous-traitants ?  Yes  No, If YES please describe :

Subcontrats – Nature	Income (annual)

43. Does the applicant require a proof of Liability insurance on behalf of the subcontractors?

Yes  No  What is the required amount if insurance?:

44. Does the applicant hire a salaried architect or engineer? Yes  No

45. Does the application contribute in “Wrap-up” contracts? Yes  No  If YES, describe the other contractors’ contribution in the contract:

46. Does the applicant perform work such as:

Demolition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exterior Welding*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Foundation recovery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Thawing of pipes*	Yes <input type="checkbox"/> No <input type="checkbox"/>
On gas appliances	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tunnel excavation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insertion of posts	Yes <input type="checkbox"/> No <input type="checkbox"/>	In Harbors, airports	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using explosives	Yes <input type="checkbox"/> No <input type="checkbox"/>	Refinery, mines	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excavation	Yes <input type="checkbox"/> No <input type="checkbox"/>	In gas Station	Yes <input type="checkbox"/> No <input type="checkbox"/>
Application of Heat	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you answered yes to the activities marked with a \* please complete the annex and specify :

## LOCATION

47. Does the applicant rent equipment or material for his use? Yes  No

What are the annual fees for the rent equipment or material:

48. Does the applicant rent equipment or material to third parties? Yes  No

With operator  Without operator

Incomes of these activities:

Type of rented property:

49. Does the applicant work for organizations requiring special endorsements (HQ, Cities, etc.)? Yes  No , If yes and if available please provide examples of endorsements ;

## POLLUTION

50. Does the applicant perform any of the following: **MANDATORY SECTION**

		Income
Asbestos removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lead removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oil spill clean-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UFFI removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mould removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PCB removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haulage of hazardous materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Removal of drywall compound which may contain asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others :	<input type="checkbox"/> Yes <input type="checkbox"/> No	

51. Does the applicant store hazardous materials?  Yes  No

52. Do you perform any environmental design or consulting work?  Yes  No

53. Does the applicant work on contaminated sites?  Yes  No

54. Does your services contract contain a disclaimer limiting liability for the pre-existence of Hazardous substances?  Yes  No

*Note : If you have answered Yes to any of the questions in the Pollution Section, an additional application will be required*



## SUMMARY OF COVERAGE

<b>Property</b>			
<b>Deductible (minimum \$1,000)</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other :		
	<b>Include</b>	<b>Limit</b>	<b>Comments</b>
Building	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Content	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Merchandise	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contents of all kind	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office contents	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electronic Data Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electronic Data Processing - Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contractor's equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Complete the following page</i>	
Rental reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tools Floater	<input type="checkbox"/> Yes <input type="checkbox"/> No		Included \$2,500 max \$10,000
Property in transit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Installed goods – On construction site	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Installed goods – In transit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Earthquake insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flood insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sewer Backup insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Business Interruption</b>			
<b>Deductible (minimum \$1,000)</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other :		
	<b>Included</b>	<b>Limit</b>	<b>Comments</b>
Profits – 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Profits – 24 months	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gross Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Losses	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Extra expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Boiler and Machinery</b>			
Would you like to include Boiler and Machinery coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Crime protection			Included
<i>The crime protection will include the Following coverage</i>			<b>Limits</b>
Clause I – Employee Dishonesty Coverage (Form A)			\$25,000
Clause II – Loss inside the premises coverage			\$10,000
Clause III – Loss outside the premises coverage			\$10,000
Clause IV – Money orders and counterfeit paper currency coverage			\$10,000
Clause V – Depositors forgery coverage			\$10,000
Coverage Extension – Third Party			\$10,000
Deductible			\$1,000
<b>Commercial General Liability</b>			
Would you like to include Commercial General Liability coverage? (incl. Limited pollution endorsement)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Deductible (minimum \$2,500)</b>	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other :		
<b>Limit per occurrence</b>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		
	<b>Included</b>	<b>Limit</b>	<b>Comments</b>
Warehouseman Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pollution</b>			
Restricted pollution section includes the following : \$1,000,000, Deductible \$5,000			
<b>Deductible (minimum \$5,000)</b>	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other :		
Limit per occurrence :	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		

## ADDITIONAL INFORMATION - EQUIPMENT

Total current value of equipment, property of the applicant :

Quantity	Year	Brand & Model	Serial No.	Unit Value	Replac. Cost
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total Value :					

## ADDITIONAL INFORMATION - TOOLS

Total current value of equipment, property of the applicant :

Any other article with a superior value must be describe specifictly

Quantity	Year	Brand & Model	Serial No.	Unit Value	Replac. Cost
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Unscheduled tools		Subject to a maximum of \$1,000 per item.		Montant global	
					<input type="checkbox"/>
				Total Value :	

Applicant's signature

Date



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