



**Small Contractor Application**

Business Name: \_\_\_\_\_  
 Name of Principal (s): \_\_\_\_\_  
 Bus. Phone # \_\_\_\_\_ Res. Phone # \_\_\_\_\_  
 Brief Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_

**Underwriting Information**  
 Number of years in Business: \_\_\_\_\_ Number of years experience in similar field: \_\_\_\_\_  
 Annual Gross Revenue: \_\_\_\_\_ Confirm No US Exposure   
 Is WSIB carried for all employees?  Yes  No  
 Is your business seasonal?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 Do you subcontract any work out?  Yes  No  
 If yes, what is the percentage? \_\_\_\_\_ %  
 Please specify what is being subcontracted out? \_\_\_\_\_  
 Are Certificates of Insurance obtained from your sub-contractors?  Yes  No  
 Please provide the breakdown of cliental?  
 Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ %  
 Please breakdown your operations:  
 Painting \_\_\_\_\_ % Electrical \_\_\_\_\_ % Plumbing \_\_\_\_\_ %  
 Floor Work \_\_\_\_\_ % Masonry \_\_\_\_\_ % Framing/Carpentry \_\_\_\_\_ %  
 Plastering/Drywall \_\_\_\_\_ % Heating & Air Conditioning \_\_\_\_\_ %  
 Other \_\_\_\_\_ Licensed as? \_\_\_\_\_  
 Do your operations include any of the following:  
 Snowploughing  Spray Painting  Design work  Demolition/Wrecking  
 Rigging  Blasting  Excavating  Use of Cranes  
 Use of Explosives  Roofing  Tunneling  Underpinning  
 Welding/Cutting  Work at Airports  Raising or Moving Buildings/Structures  
 Work on Fire Suppression Systems  Use of Lead based Paints  
 Spraying of pesticides/herbicides  Use of Volatile Chemicals  
 If carpentry work is done, do you have the proper dust collection system?  Yes  No  
 If flammable liquids are used, are they stored in ULC approved cabinets?  Yes  No

**Building Details**  
 Location Address: \_\_\_\_\_  
 Tenant  Building Owner Area Occupied: \_\_\_\_\_ sq. ft.  
 Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Building Construction:  
 Fire Resistive/Non-Combustible  Steel/Masonry  Frame/Brick Veneer  
 Roof Construction:  
 Asphalt Shingles  Flat Tar & Gravel  Steel Deck  Other \_\_\_\_\_  
 Primary Heating Source:  
 Central Hot Air  Central Water/Steam  Electric  Other \_\_\_\_\_  
 If the building is older then 30 years, please provide the year upgraded:  
 Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_  
 Electrical: \_\_\_\_\_

