

## Contractors Liability Application Form

### APPLICANT DETAILS

Name of Insured:  
 Street Address:  
 City: Province: Postal Code:  
 Current Insurer: Date Coverage Required/Expiry Date:  
 Has prior insurance ever been cancelled or non-renewed? Yes  No

### PRINCIPAL(S)

Owner: Website:

### TYPE OF CONTRACT (please complete all applicable)

	Yes	No	Past 12 months Gross Receipts	Next 12 months anticipated Gross Receipts
Runway or taxiway construction/ repair/resurfacing	<input type="radio"/>	<input type="radio"/>		
Building construction/alteration	<input type="radio"/>	<input type="radio"/>		
Roofing work	<input type="radio"/>	<input type="radio"/>		
Electrical work	<input type="radio"/>	<input type="radio"/>		
Other	<input type="radio"/>	<input type="radio"/>		

Describe contract fully, precise location or work, identifying proximity to aircraft, copy of contract specifications and description of work:

How many years' experience does the Applicant have providing this type of work at airports/airside?

Is the work performed on an annual basis? Yes  No

*If no, please advise the required contract period*

Does the contract require a specific period for completed operations cover? Yes  No

*If yes, please advise the period:*

Do you subcontract part of the contract? Yes  No

*If yes, are the subcontractors required to be protected by the Applicant? Yes  No*

*If no, do you require the subcontractors to carry their own insurance? Yes  No*

Details of sub-contractors, name, experience and loss history:

What safety precautions are taken during the work?

When will the work be performed? During airport operational hours:   
Not during airport operational hours:

**COVERAGES REQUIRED**

	Limit	Alternate Limits	
	Contractors: each occurrence/aggregate	\$	\$

**ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)**

**The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.**

**Applicant's Signature** **Date**

**Broker's Name** **Contact**  
**Email** **Phone**