



Please complete and send to your Broker

[www.avroinsurance.com](http://www.avroinsurance.com)

## 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?		

### PRINCIPAL(S)

Owner:	Website:
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### 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				
Building construction/alteration				
Roofing work				
Electrical work				
Other				

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?

*If no, please advise the required contract period*

Does the contract require a specific period for completed operations cover?

*If yes, please advise the period:*

Do you subcontract part of the contract?

*If yes, are the subcontractors required to be protected by the Applicant?*

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

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

