



Property & Inland Marine
Course of Construction Single Location Application

Submitting Broker Quote Needed By

General Information

Named Insured
Mailing Address
City Province Postal Code
Interest of Insured: Owner Developer General Contractor

Coverage Details

Effective Date Expiration Date
Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
Is a Mortgagee, Loss Payee, or Additional Insured needed?
Mortgagee Loss Payee Additional Insured
Name of Mortgagee Address City Province Postal Code
Name of Loss Payee Address City Province Postal Code
Name of Additional Insured Address City Province Postal Code

General Contractor Information

Is the General Contractor: First Named Insured Additional Insured Not Named on Policy
Name Address City Province Postal Code
Construction Experience: 0-2 Years 3-5 Years 5-10 Years 10+ Years
Year Business Started
Loss History (Last 5 Years):

**General Contractor Information *Continued***

**Yes No**

If experience is two years or less, please describe your experience as a contractor:

Is this project 100% sub-contracted out?  Yes  No

Do you have experience hiring and managing subcontractors and collecting certificates?  Yes  No

Please explain:

Has the contractor ever filed for bankruptcy or reorganization?  Yes  No

Has the contractor had coverage declined, cancelled, or non-renewed in the last three years?  Yes  No

**If yes**, please explain:

**Location Details**

**Yes No**

Project Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Is this a speculative or pre-sold project?  Speculative (*Non-contract Build*)  Pre-Sold (*Contract Build*)

Is this a Renovation?  Yes  No

**If yes**, please complete the additional renovation portion below.

Completed Value (*excluding lot cost*) \_\_\_\_\_

Including or excluding profit and overhead?  Including  Excluding  
 (*Form automatically includes profit and overhead*)

Construction Type:  Steel Non-Combustible  Masonry Non-Combustible  Frame  
 Joisted Masonry  Fire Resistive  
 Other \_\_\_\_\_

How many units are in the building? \_\_\_\_\_

Number of Stories:  1  2  3  4  5+ If over 5 stories, how many \_\_\_\_\_

Total Area (*sq. ft.*) \_\_\_\_\_

Will there be fire walls between units that go through the roof?  Yes  No

Distance to operational fire hydrants:  Less than 300 metres  Greater than 300 metres

If more than 300 metres, what is the nearest source of water? \_\_\_\_\_

Distance to **Responding Full-Time** Fire Hall?  Less than 8 kilometres  Greater than 8 kilometres

Type of Responding Fire Hall:  Full-Time/Career (*4 firefighters per shift 24/7*)  Volunteer

Location Details *Continued*

	Yes	No
Jobsite Security: <input type="checkbox"/> Private Security Patrol <input type="checkbox"/> Fence <input type="checkbox"/> Lights <input type="checkbox"/> Security Camera(s)/Video <input type="checkbox"/> Watchman <input type="checkbox"/> None <input type="checkbox"/> Other (please explain) _____		
Is this a mobile, manufactured, or modular home?	<input type="checkbox"/>	<input type="checkbox"/>
Has construction started more than 14 days prior to the effective date of this policy? <b>If yes</b> , when did the project start _____	<input type="checkbox"/>	<input type="checkbox"/>
Why is the insured now requesting coverage? _____		
Will the building be occupied prior to completion?	<input type="checkbox"/>	<input type="checkbox"/>
What is the anticipated occupancy? <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mixed Use <input type="checkbox"/> Office <input type="checkbox"/> Retail Stores <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Other (please explain) _____		

Renovation Project Details *(Only required if requesting coverage for a renovation project)*

	Yes	No
Is coverage required for the existing structure?	<input type="checkbox"/>	<input type="checkbox"/>
What year was the existing structure built? _____		
Last update to: Roof (Year) _____ Heating (Year) _____ Electrical (Year) _____ Plumbing (Year) _____		
Are any of these being updated during the renovation? <input type="checkbox"/> Roof <input type="checkbox"/> Heating <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing		
If updating roof, is it a torch on application?	<input type="checkbox"/>	<input type="checkbox"/>
Detailed scope of work:   		
Will any structural changes be taking place?*	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Structural changes include: Removing load bearing wall(s); Moving load bearing wall(s); Adding load bearing wall(s); Adding additional story(s); Underpinning; Above ground shoring; Underground shoring; Pile driving; Extending basement footprint; Addition(s)</i>		
Has a structural engineer signed off on these changes?	<input type="checkbox"/>	<input type="checkbox"/>
Are plans available for us to review with this application? Please include if available.	<input type="checkbox"/>	<input type="checkbox"/>
Please explain structural changes in detail:   		
Existing Structure Value _____ New Work Value _____		
Completed Value (Excluding Lot) _____		

Optional Coverages

Soft Cost Limit _____	Rental Value Limit _____	
	<b>Covered</b>	<b>Not Covered</b>
Equipment Breakdown	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Coverages *Continued***

	Covered	Not Covered	Yes	No
<b>Flood</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Is risk located within 300 metres of a major body of water?			<input type="checkbox"/>	<input type="checkbox"/>
Is the body of water a lake?			<input type="checkbox"/>	<input type="checkbox"/>
Is this risk located within 100 metres of a lake?			<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>		
Sewer Back-Up	<input type="checkbox"/>	<input type="checkbox"/>		
Homes-In-Inventory <i>(not available on renovations or buildings that will form part of a standard condominium corporation when complete)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Additional Living Expense: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000				
Contract Damages for Delay and Expediting Expenses	<input type="checkbox"/>	<input type="checkbox"/>		
Change Order Automatic Coverage	<input type="checkbox"/>	<input type="checkbox"/>		
Business Contents Limit _____ <i>Business contents in covered Temporary Structures, including 'project(s)' site trailers at a covered project location.</i>				

**Comment(s) to Underwriting**

Comments: