



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 ☐ _____

Loss Control Contact

Name _____

Phone Number _____ Email Address _____

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

General Contractor Information *Continued*

Year Business Started _____

Loss History (Last 5 Years):

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

	Yes	No
Is this project 100% sub-contracted out?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have experience hiring and managing subcontractors and collecting certificates?	<input type="checkbox"/>	<input type="checkbox"/>
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Please explain:

Has the contractor ever filed for bankruptcy or reorganization?	<input type="checkbox"/>	<input type="checkbox"/>
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Has the contractor had coverage declined, cancelled, or non-renewed in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please explain:

Location Details

Project Address _____

City _____ Province _____ Postal Code _____

Distance to **Responding Full-Time** Fire Hall? ☐ Less than 8 kilometres ☐ Greater than 8 kilometresType of Responding Fire Hall: ☐ Full-Time/Career (4 firefighters per shift 24/7) ☐ VolunteerDistance to operational fire hydrants: ☐ Less than 300 metres ☐ Greater than 300 metres

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

Construction Type: ☐ Steel Non-Combustible ☐ Masonry Non-Combustible ☐ Frame☐ Joisted Masonry ☐ Fire Resistive☐ Other _____

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

<input type="checkbox"/>	<input type="checkbox"/>
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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? _____

Location Details Continued

Yes No

Completed Value (excluding lot cost) _____

Overhead and profit? ☐ Included (in value above) ☐ Excluded (in value above)**Overhead and profit are included in form automatically. If you do not want coverage for overhead and profit do not include in the Completed Value.*Is this a Renovation? ☐ Yes ☐ No**If yes**, please complete the additional renovation portion below.Number of Stories: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ If over 5 stories, how many _____

Total Area (sq. ft.) _____

Has construction started more than 14 days prior to the effective date of this policy? ☐ Yes ☐ No**If yes**, when did the project start _____

Why is the insured now requesting coverage? _____

Jobsite Security: ☐ Private Security Patrol ☐ Fence ☐ Lights

☐ Security Camera(s)/Video ☐ Watchman ☐ None

☐ Other (please explain) _____

Will the building be occupied prior to completion? ☐ Yes ☐ No

What is the anticipated occupancy? ☐ Single Family ☐ Multi-Family ☐ Mixed Use

☐ Office ☐ Retail Stores ☐ School

☐ Church ☐ Other (please explain) _____

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

How many units are in the building? _____

Is this a speculative or pre-sold project? ☐ Speculative (Non-contract Build) ☐ Pre-Sold (Contract Build)Is this a mobile, manufactured, or modular home? ☐ Yes ☐ No

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

Yes No

Is coverage required for the existing structure? ☐ Yes ☐ No

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? ☐ Roof ☐ Heating ☐ Electrical ☐ PlumbingIf updating roof, is it a torch on application? ☐ Yes ☐ No

Detailed scope of work:

Will any structural changes be taking place?* ☐ Yes ☐ No**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)*Has a structural engineer signed off on these changes? ☐ Yes ☐ NoAre plans available for us to review with this application? Please include if available. ☐ Yes ☐ No

Renovation Project Details Continued

Please explain structural changes in detail:

Existing Structure Value _____ New Work Value _____

Completed Value (Excluding Lot) _____

Optional Coverages

Soft Cost Limit _____ Rental Value Limit _____

	Covered	Not Covered	Yes	No
Equipment Breakdown	<input type="checkbox"/>	<input type="checkbox"/>		
Flood	<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	<input type="checkbox"/>	<input type="checkbox"/>		
<i>(not available on renovations or buildings that will form part of a standard condominium corporation when complete)</i>				
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>				
<i>Contents covered include office furniture, fixtures, machinery and equipment, excluding contractors equipment and tools.</i>				

Comment(s) to Underwriting

Comments: