

**SECTION 1: GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Principal: \_\_\_\_\_
3. Mailing Address of Applicant: \_\_\_\_\_
4. Name of Project: \_\_\_\_\_
5. Location of Risk under Construction: \_\_\_\_\_
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2: CONSTRUCTION INFORMATION**

1. Date Construction Started: \_\_\_\_\_
2. Number of Months Required: \_\_\_\_\_
3. Occupancy when Completed: \_\_\_\_\_
4. Building Details:
  - Number of Storeys above Grade: \_\_\_\_\_
  - Total Height of Building: \_\_\_\_\_  feet  meters
  - Number of Storeys below Grade (i.e. basements): \_\_\_\_\_
  - Total Depth of "Basements": \_\_\_\_\_  feet  meters
  - Total Square Footage: \_\_\_\_\_
5. Construction Details:
  - Foundation: \_\_\_\_\_
  - Studs:  Wood  Metal
  - Exterior Walls:  Wood  Concrete Blocks  Poured Concrete  Brick Veneer  
 Other, please describe: \_\_\_\_\_
  - Interior Walls:  Drywall  Concrete Blocks  Wood Panelling  
 Other, please describe: \_\_\_\_\_
  - Floors:  Wood  Poured Concrete  
 Other, please describe: \_\_\_\_\_
  - Roof:  Wood Joist  Steel Deck  Poured Concrete
6. Town Grade:
  - Risk is within 8kms of a responding fire hall and 300m (1000ft) of a functional hydrant connected to the municipal water service.
  - Risk is within 8kms of a responding fire hall.
  - Risk is over 8kms from a responding fire hall.

7. Contractor's Name (If not Insured): \_\_\_\_\_  
 Number of Years in this Industry: \_\_\_\_\_  
 Any losses within the past 5 years?  Yes  No  
 If yes, please provide details:

\_\_\_\_\_

### SECTION 3: COVERAGES

1. Total Insured Value (TIV): \_\_\_\_\_  Broad Form  Named Perils  
 Structure: \_\_\_\_\_  
 Interior Finishing: \_\_\_\_\_  
 Mechanical/Electrical: \_\_\_\_\_  
 Value below Grade: \_\_\_\_\_  
 Other (Contingencies, etc.): \_\_\_\_\_ Please describe: \_\_\_\_\_  
 Soft Costs: \_\_\_\_\_ Please describe: \_\_\_\_\_
2. Deductible:  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_
3. Earthquake Coverage Required (10% Deductible)?  Yes  No
4. Flood Coverage Required (\$10,000 Deductible)?  Yes  No
5. CGL Occurrence/Aggregate Limit:  
 \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

### SECTION 4: SAFETY & PRECAUTIONS

1. Is the construction site fenced?  Yes  No
2. Is the construction site lighted at night?  Yes  No
3. Does the construction site have a standard watchman?  Yes  No
4. Are there fire hoses during construction?  Yes  No
5. Are there portable fire extinguishers during construction?  Yes  No

### SECTION 5: LOSS HISTORY

Claims Experience. Please describe all losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

\_\_\_\_\_



## SECTION 6: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

## SECTION 7: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

## BROKER CONTACT INFORMATION

Agent Name: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

