ODIS Underwriting Inc.

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Building Renovation Application



www.odisunderwriting.com

The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

		1. Bı	roker In	formation					
Brokerage:						Broker ID:	:		
Broker Address:			City:		Province: Posta				
Broker Contact:			Br	oker Email:					
		2. Ap	plicant	Informatio	n				
Full Name of all Insureds:		•	•						
Names of Principals:									
Mailing Address:			City:		Provin	ce:	Postal Code:		
Risk Location:			City:		Provin	ce:	Postal Code:		
Effective Date:	Policy T		·	0	ther Polici	es with ODIS:			
Prior Insurance & Expiry D		-		If no prior in please prov					
3. Risk Information				6. Project	Informat	ion		Yes	No
Year Built: Number of Stories:				Have buildi					
Total Square Footage (incl. b	asement if finished):			Is any work	being dor	ne below grade	?		
Type of Building (detached, d	uplex, townhouse, high-rise et	c):		Is any torch	n on roof w	ork being done	e?		
				Will any sto	ories be ad	ded?			
Type of Construction (wood	frame, fire resistive, masonry, *	sandwich p	oanel etc):	Will utilitie	s be maint	ained during re	enovation?		
How many months has the	risk been vacant:					ccupied during			
Description of project (any s		ted here):			-	site be fully fer			
						•			
				Is the lot bi	-	•	lance cameras?		
4. Building Updates	Туре	Year U	pdated	*If 'yes', how					
Electrical				Is this lease	ed land?				
Amperage				Is the risk l	ocated in a	an active flood	zone?		
Heating				*If 'yes', we'd					
Supplementary Heating				Is the risk located within 50 kms of an active fire					
Plumbing				zone? * <i>If 'yes', we'd decline.</i> Does the building have a heritage designation?					
Roof					0	ve a heritage do façade designatio	U		
5. Fire Protection		Yes	No						
Hydrant within 300 meter	s?						iy subterranian wo	-	ired.
Fire department within 8	kms?			Blast Shor	-	Underpinnin Excavation	ng Pile L None	Driving	
					-	sitive answers:			
Is it a volunteer fire depar	unent?								

7. Project Management														
Is there a professional General Contractor or professional Project Manag					er?	Y	′es	Νο						
If no, please explain who is managing the project:														
Name of the General Contractor or professional Project Manager:														
Number of years of construction experience: Number of years in business:														
	What is their experience? No prior experience with this type of project Have built several projects of same size/ scope											cone		
what is then e	Have built several projects of same size/ scope												cope	
Does the General Contractor have a current CGL with a minimum \$2 Million Liability? Yes No														
Has the Gener	Has the General Contractor or professional Project Manager had any losses in the last 5 years?YesNo													
If yes, please describe:														
List the 3 largest projects completed by the General Contractor/Project Manager over the last 5 years:														
Year completed Type of project Construction value														
8. Project Already Started?														
Has construction activity already started? Yes No <i>*If yes, please answer below questions:</i>														
When did the renovation start?														
Why was insurance not placed when the renovation started?														
What has been done so far?														
9. Loss Payee(s) Information														
Is any mortgage held with a non-conventional or private lender?				Yes			No							
Mortgagee(s):														
Mortgagee(s) Address: City: Province: Postal Code:														
10. Insurance Loss & History														
Has insurance ever been cancelled or refused for this property?YesNo														
If 'yes', please explain:														
Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No														
If 'yes', please provide details in below:														
Date of loss	Claim s	tatus		Туре	of loss			Amount	paid	Preve	ntative me	asur	es in pla	ice?
	Yes	No												
	Yes	No												

11. Coverage Information	Limits Required	Deductible					
Building(s) Post-renovation value (supported by ITV or BVS)							
Outbuilding(s)							
Contents (Excluding personal contents)							
What are the Contents:							
Where are the Contents being stored?							
Sewer Backup included to building limit							
Soft Cost							
Liability (CGL)							
Equipment Breakdown	Yes	No					
Any specific coverage required?							

12. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Full Name(s):

Signature(s) of All Named Insureds (only required if binding) Date: