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| **I. Insured information** | | |
| Insured name | | |
| Mailing address | | |
| City | Province | Postal code |
| Insured’s form of business:  Corporation  Individual  Joint venture  LLC  Partnership  Other: | | |
| Description of named insured:  Owner/Contractor  Owner  Contractor | | |

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| **II. Builder information** | | | | | | | | | |
| Does builder/remodeller/owner/GC have at least 2 years experience?  Yes  No *If “*No*”, the risk is* ***not eligible*** | | | | | | | | | |
| Is the builder’s name different than the named insured?  Yes  No  If “Yes”, would you like to add the builder as an other named insured?  Yes  No | | | | | | | | | |
| **Additional Interests** (*\* 1. Additional Insured – Builder, 2. Additional Insured – Other, 3. Loss Payee, 4. Mortgagee, 5. Premium Finance Company)*: | | | | | | | | | |
| # | Name | | Address | City | Province | Postal Code | | Phone | Type \* |
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| **Details of last 5 projects**, completed in last  year  2 years  Other: | | | | | | | | | |
| Project Name | | Description (include construction type, stories, occupancy) | | | | | Value | | |
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| Has the builder/remodeller had any single loss over $10,000 in the last 3 years (include insured/uninsured losses)? *(BuildersRisk claims only)*  Yes  No If “Yes”, include the date, description, and amount of each loss below (attach separate sheet if required): | | | | | | | | | |
| Date (MM/DD/YYYY) | | Description | | | | | Amount (including reserves) | | |
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| **III. Policy information** | |
| Type of project  New Construction  Remodelling/Renovation **excluding** coverage for the existing structure  Remodelling/Renovation **including** coverage for the existing structure  ***If “Remodelling/*Renovation*” project, must fill out Additional Section X on page 4*** | Policy period  1 year from effective date  6 months from effective date ***(Remodelling only)***  9 months from effective date ***(Remodelling only)*** |
| Type of property  Residential (1-4 Single Family Units)  Commercial | Policy effective date (MM/DD/YYYY) |

**Personal information is processed by April and its affiliates and service providers, both domestic and foreign.**

**Contact the April Privacy Officer for information on foreign service providers at** [**http://www.april.ca/**](http://www.april.ca/)

**For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of the Company’s insurance business in Canada.**

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| **IV. Property information** | | | | |
| Property address | | | | |
| Property city | Property province | | | Postal code |
| Is the contractor insuring any other buildings with April within 100 feet of this structure?  Yes  No  If “Yes”, please provide total estimated completed value of all structures under construction within 100 feet and insured with April, including this one:  $ | | | | |
| Construction material  Frame  Joisted Masonry  Masonry  Non-Combustible  Masonry Non-Combustible  Fire Resistive | | | | |
| Roofing technique  Torch On applicable?  Yes  No Hot Tar & Gravel?  Yes  No Other? | | | | |
| Is the project within 150 metres (approximately 500’) of at least one fire hydrant?  Yes  No ***If “No”, must fill out Additional Section VIII on page 4***  If “Yes”, is at least one of those hydrants a municipal hydrant, i.e. not a privately maintained hydrant?  Yes  No ***If “No”, must fill out Additional Section VIII on page 4*** | | | | |
| Is the project within 5 km (approximately 3 miles) of a municipal fire station employing full time fire chief and firefighters?  Yes  No ***If “No”, must fill out Additional Section VIII on page 4*** | | | | |
| Number of storeys: | | | | |
| Square footage including basement (of existing building if remodelling was chosen): | | | | |
| ***Residential*** *property only*: Intended occupancy  Single Family Dwelling  Habitational (greater than 1 unit) | | | | |
| ***Commercial*** *property only:*  Intended occupancy  Habitational (greater than 1 unit)  *If “Habitational”, is it:*  *Owner Occupied Units*  *Rental Units*  *Both*  Manufacturing  Office  Retail  *If “Retail”, does it:*  *Involve cooking*  *Yes*  *No*  *Involve a nightclub*  *Yes*  *No* | | Institutional | | |
| *If “Institutional”, does it:* | | |
| *Involve cooking*  *Yes*  *No* | | |
| *Involve a nightclub*  *Yes*  *No* | | |
| Service | | |
| Warehouse | | |
| *If “*Warehouse*”, what will be stored?*  *Wholesale*  *Other* | | |
| Describe actual occupancy: | | | | |
| Will structure be occupied during construction?  Yes  No  If “Yes”, by whom?  Owner  Tenant  Other: | | | | |
| ***Remodelling/Renovation*** *project only:*  Has the existing structure been moved or will it be moved as part of this project?  Yes  No | | | Year built of existing structure: | |
| **V. Project information** | | | | |
| Has the project started?  Yes  No  If “Yes”, date started: (MM/DD/YYYY)  Percent complete:       %  Will **renovations** begin within 60 days of the policy effective date?  Yes  No | | | | |
| Is there a sales contract on this structure?  Yes  No | | | | |
| Estimated length of project (in months): | | | | |
| ***New Construction*** *project only:*  Is the structure modular?  Yes  No  ***If “Yes”, must fill out Additional Section IX on page 4*** | | | | |
| ***Remodelling*** *project only:*  Scope of work  Remodel  Remodel/Minor Structural  Restructuring  Description of work to be performed: | | | | |
| ***Restructuring*** *project only:*  Have architectural plans been developed for this project?  Yes  No  Has a licensed engineer reviewed & approved the plans?  Yes  No  Please provide the name of the engineer or engineering firm that approved the project: | | | | |

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| **VI. Coverage information** | | | |
| **Base Coverages** | | | |
|  | **Coverage description** | **Limit** | **Deductible** |
| **New Constr.** | Total completed value of any one structure  *Greater than $4,000,000 will require underwriter approval* | $ |  |
| Total completed value of all covered property  *Greater than $4,000,000 will require underwriter approval* | $ | $ |
| **Remodelling** | Amount of renovation/improvements [1]  *Greater than $4,000,000 will require underwriter approval* | $ |  |
| Existing building(s) or structure(s) amount (if existing structure is being insured) [2]  *Actual Cash Value but not more than Market Value* | $ |  |
| Total completed value of all covered property [1] + [2]  *Greater than $4,000,000 will require underwriter approval* | $ | $ |
| **Additional Coverages** | | | |
| **Coverage description** | | **Default limit \*** | **Increased limit**  ***(New Construction only)*** |
| Back-up or overflow of sewer, drains or sumps | | $5,000 |  |
| Debris removal | | $20,000 |  |
| Fire department service charge | | $10,000 |  |
| Pollution clean up and removal | | $15,000 |  |
| Reward | | $10,000 |  |
| Scaffolding, construction forms and temporary structures | | $20,000 |  |
| Scaffolding re-erection | | $10,000 |  |
| Property at a temporary storage location | | $10,000 / 2.5% |  |
| Property in transit | | $25,000 / 5% |  |
| Valuable papers and records | | $20,000 |  |
| ***\*Cannot increase default limits for remodellers*** | | | |

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| **VI. Optional Additional Coverages** | | |
| **Coverage description** | **Limit** | **Deductible** |
| Better green endorsement  Building rating:  Certified  Silver  Gold  Platinum | $ | Same as structure |
| Business income and extra expense **\*\* *New Constr. Commercial only*** | $ | Check how many days:  3  5  7  10  14  21  30 |
| Change order endorsement  Include the change order endorsement | If “Yes”, what is the percentage? 10%  20%  30% | Same as structure |
| Earthquake  What is the building shape?  Rectangle/box  L shaped  T shaped  U shaped  Other  If “Other”, specify: | $ | $100,000 / 10% |
| Flood  Flood coverage  Yes  No  Is the risk located in a known flood zone?  Yes  No  Basement  Yes  No  Will the HVAC or other systems and equipment be on  the first floor or in a basement?  Yes  No  Does this project consist of multiple buildings?  Yes  No  If Yes, how many? |  | If in flood zone:  $50,000 / 10%  If not in flood zone:  $25,000 / 5% |
| Testing coverage for building systems **\*\* *New Constr. only***  Add testing coverage for building systems and coverage  Yes  No |  | Same as structure |
| Waiver of coinsurance **\*\* *New Constr. Commercial only***  Add waiver of coinsurance  Yes  No |  |  |
| Extended permission to occupy endorsement **\*\* *New Constr. Commercial only***  Add extended permission to occupy endorsement  Yes  No  If yes, what is the percentage requested until  expiration date of the policy?       % |  |  |
| Soft costs **\*\* *New Constr. only***  *Soft costs include:*   * *Advertising & promotion expense* * *Interests on Construction Loan* * *Architect, Engineer & Consultant Fees* * *Real estate & Property Tax Assessments* * *Commissions or fees for renegotiation of leases* * *Insurance Premiums* * *Legal and Accounting Fees* * *Fees for Licenses & Permits* | $ | Check how many days:  3  5  7  10  14  21  30 |

**ADDITIONAL SECTIONS (complete only if prompted to from a previous section or if coverage is required)**

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| **VI. Protection class information (complete if structure is unprotected)** | |
| Number of miles to the nearest fire station: | Is the fire department manned 24 hours a day?  Yes  No |
| Are there currently any fire hydrants on site?  Yes  No | |
| Will fire hydrants be installed and working prior to the start of the construction as part of the contract?  Yes  No  If “No”, what is the source of water for pumper/tankers? | |

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| **VII. Modular questions (complete if struture is modular)** |
| Who provides transit coverage? |
| How are homes transported to the job site? |
| Does the manufacturer put the four sides together and then the builder finishes it off?  Yes  No |
| Does the manufacturer have a website address?  Yes  No  If “Yes”, enter the web address or If “No”, enter detailed specifications: |
| Design or plan number: |

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| **VIII. Renovation information (complete if remodelling/renovation project)** | | |
| Will the existing structure be insured by another policy during construction? | Yes | No |
| Does the building have an operable sprinkler system? | Yes | No |
| Is the existing structure listed on any historical registry or subject to a historical society regulation? | Yes | No |
| Has the existing structure been moved or will it be moved as part of this project? | Yes | No |
| Date existing structure was purchased: (MM/DD/YYYY) | | |
| Any previous losses at this location as a result of quake, flood, wind, fire or vandalism?  Yes  No  If “Yes”, explain all losses including the peril involved, amount of the loss and the date of the loss: | | |
| Provide a brief description of the structure to be renovated and condition of the existing structure: | | |

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| **IX. CGL and Wrap Up Liability (complete only if coverage required)** | | |
| Total Estimated Project Value: $      (attach breakdown if available) |  |  |
| Completed Operations Period | 12 months | 24 months |
| Limits of Liability $      Deductible Options: $ | $ | $ |
| Does the project attach to or communicate with an existing structure?  Yes  No  Manner in which the structures will communicate:  Occupancy of existing structure during construction:  Business Interruption/Loss of use for damages to existing structure:  Is coverage required for damage to existing structure?  Yes  No | | |
| If any portion of the project will be occupied prior to completion, provide details (Period, Extent and Nature of Occupancy):: | | |
| Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, and underpinning:: | | |
| Detail exposure to utilities, including relocation thereof (Both below and above grade): | | |
| Describe any offsite operations or locations, which require insurance: | | |
| Provide details of LOSS CONTROL PROGRAM to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring preconstruction location of utilities and notification to others of interrupting thereof, etc):            : | | |
| Detail any liability claims incurred by any of the following which resulted from construction operations in the past three (3) years (owner, general contractor project/construction manager, Indicate Date, Amount, Nature of Claim):            : | | |