THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

**APPLICANT:** Name of Insured:

Mailing Address:

Location Address:

Mortgagee(s):

Additional Insured(s)including details:

**ELIGIBILITY QUESTIONS**

1. Type of property to be insured:  Residential  Commercial  Farm  Other

2. Has the applicant had any policy of property insurance cancelled or non-renewed

in the past (three) years for reasons other than vacancy?  Yes  No

3. Has the applicant been convicted of the crimes of arson or insurance fraud?

4. Is the applicant currently involved in bankruptcy proceedings?  Yes  No

5. Is the land on which new construction is taking place subject to any tax or mortgage liens?  Yes  No

6. Is the new construction to be insured subject to more than two mortgages or other encumbrances

or a mortgage provided by an individual or entity other than a financial institution?  Yes  No

7. Is the new construction located in a high crime neighbourhood?  Yes  No

8. Will the new structure exceed 3 (three) stories or 30000 square feet?  Yes  No

9. Has the construction work already begun?  Yes  No

10. Is the new construction any of the following: being raised / elevated / lifted / placed on pilings,

modular, manufactured or mobile homes, earth homes, dome homes, open pier, stilt homes,

row or town homes, unique, green or experimental or any other non conventional building?  Yes  No

11. Does the construction work involve any of the following: demolition or underpinning of an

existing building or structure, lead, asbestos or other pollutant abatement?  Yes  No

12. Are all relevant permits in place and is the Contractor licensed?  Yes  No

13. Is the applicant acting as Contractor?  Yes  No

If yes,

1. Is the applicant a professional housebuilder or spec home builder?  Yes  No
2. Is the applicant performing any of the work?  Yes  No
3. Do all the Contractors carry commercial general liability insurance coverage

with a minimum occurrence limit of $1,000,000?\*  Yes  No

1. Are there any agreements (including but not limited to hold harmless, waivers of

subrogation or any other contractual provision) in place which would relieve any

contractors or workers on the project from liability?  Yes  No

1. Are there any documents providing a breakdown of the projected cost of the work?  Yes  No

If no,

d) Is there a signed written contract between the applicant and the Contractor?  Yes  No

e) Does the Contractor carry commercial general liability insurance coverage with a minimum

occurrence limit of $1,000,000?  Yes  No

**COVERAGE AND PROPERTY DETAILS**

14. Period of Insurance:  3 months  6 months  9 months  12 months

15. Town Grade

16. Completed Value of new constructed building: $

17. Total Sq Footage of Proposed Final structure:

18. Construction Type:  Frame  Masonry  Jointed Masonry  Non Combustible Masonry

Modified Fire Resistive  Fire Resistive  Brick Veneer

19. Number of Floors:

20. Deductible requested:  $2,500  $5,000  $7,500  $10,000  $15,000  $25,000

21. Type Of Quote requested:  Named Perils  Multiple Perils

22. Estimated Renovation or Construction Work Project Costs: $

23. Description of New Construction Work:

24. Is Vandalism and Malicious Mischief cover required?  Yes  No

a) If yes, do you also wish to buy coverage for Theft of Building Materials ($50,000 sublimit)?  Yes  No

25. Do you wish to buy Sewer Back Up coverage?  $10,000  $25,000  $50,000  No

26. Do you wish to buy Earthquake coverage?  Yes  No

27. Premises Liability:  Yes  No If yes, limit required:  $1,000,000  $2,000,000

28. Soft Costs coverage:  Yes  No If yes, limit required:  $10,000  $25,000  $50,000  $75,000

29. Do you wish to buy Building Damage Theft coverage?  $5,000  $10,000  $25,000  $50,000  No

30. Please select type of Security at Location to be insured:

Fenced/Gated  Guarded  Automatic Sprinkler System  Active Central Station Fire Alarm

Active Central Station Burglar Alarm  Lighting on property location  None

31. Is there a fully functional Central Station Burglar Alarm with active monitoring contact?  Yes  No

32. Have there been any insured or uninsured losses or claims at the property to be insured?  Yes  No

a) if yes, describe:

33. Prior use of Land when last occupied:

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

PLEASE CONFIRM THAT YOU ARE PREPARED TO RECEIVE ELECTRONIC EXECUTION AND DELIVERY OF THE POLICY BY CHECKING THE BOX.

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Applicant’s Signature Retail Broker’s Signature

Date       Date

**BROKER:** Agent/Broker:       Tel No.:

Address:       Email: