

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_
3. Contact person/owner: \_\_\_\_\_
4. Description of Project: \_\_\_\_\_
5. Project Name: \_\_\_\_\_
6. Occupancy when completed: \_\_\_\_\_
7. Site Address: \_\_\_\_\_
  - a) Nature of Ground:     Flat             Hillside         Hilly  Swampy  
    Other \_\_\_\_\_
  - b) Soil:                             Shale         Sand  Rock  Filled Ground  
    Other \_\_\_\_\_
  - c) Public Fire Protection:  Protected         Semi-Protected                     Un-Protected
  - d) Distance from the fire hydrant: \_\_\_\_\_ fire hall: \_\_\_\_\_
8. Total Insured Values:
  - a) Structure: \$ \_\_\_\_\_
  - b) Interior Finishing: \$ \_\_\_\_\_
  - c) Mechanical/Electrical – new or used: \$ \_\_\_\_\_
  - d) Value below grade: \$ \_\_\_\_\_
  - e) Other (contingencies, etc.) - Describe: \_\_\_\_\_
  - f) In Transit: \$ \_\_\_\_\_
  - g) At Any Other Location: \$ \_\_\_\_\_
9. Total Estimated Project Value: \$ \_\_\_\_\_  
Deductible Required: \$ \_\_\_\_\_
10. Contract Period:
  - a) Start Date: \_\_\_\_\_
  - b) Finish Date: \_\_\_\_\_
  - c) Periods of transport, pre-storage, partial occupancy: \_\_\_\_\_
11. Construction:
  - a) No. of Storeys above grade: \_\_\_\_\_ Height: \_\_\_\_\_ meters
  - b) No. of basements: \_\_\_\_\_ Depth: \_\_\_\_\_ meters
  - c) Dimensions of grade floor: \_\_\_\_\_
  - d) Total square footage: \_\_\_\_\_
  - e) Exterior Walls:  Wood             Brick Veneer  Concrete Block  
    Metal Grid             Poured Concrete     Stucco                             Log  
    Other (describe) \_\_\_\_\_
  - f) Interior Walls:  Wood Panels  Gypsum Boards     Concrete Blocks  
    Other (describe) \_\_\_\_\_
  - g) Studs:                             Wood Studs  Metal Studs
  - h) Foundation: \_\_\_\_\_
  - i) Floors:                             Wood Planks/Panels  Poured Concrete  
    Other (describe) \_\_\_\_\_
  - j) Roof:                                 Wood Joist                     Steel Deck  
    Poured Concrete         Prefabricated Concrete Slabs

## 12. Other Details:

- a) Excavation details:       Blasting                       Piling  
     Underpinning  Dewatering: (i.e.: # of Pumps) \_\_\_\_\_
- b) Forms and Form Supports:
- |                     |  |                 |       |
|---------------------|--|-----------------|-------|
| Wood Forms/Support  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Period of usage | _____ |
| Steel Forms/Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Period of usage | _____ |
| Temporary Heating   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type            | _____ |
| Insulation          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type            | _____ |

## 13. Hazards:

- a) Past Flood History on site - Height above nearest water: \_\_\_\_\_
- b) Distance from nearest body of water: \_\_\_\_\_
- c) Name of body of water: \_\_\_\_\_
- d) Earthquake Area?       Yes  No
- e) Windstorm: \_\_\_\_\_
- f) Transit Exposure: \_\_\_\_\_
- g) Surrounding area (exposures and separation): \_\_\_\_\_
- h) Other: \_\_\_\_\_

## 14. Adjacent Structures:

- a) North: \_\_\_\_\_
- b) East: \_\_\_\_\_
- c) South: \_\_\_\_\_
- d) West: \_\_\_\_\_

 15. Does the project attach to an existing structure?       Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

## 16. Special Precautions: (describe private protection during construction to prevent a loss)

- a) Theft, Malicious Damage:       Site fenced     Lighting  
 Site guarded outside normal hours of operation  
 Entry to the site is only possible with an authorized person  
 Other (describe) \_\_\_\_\_
- b) Fire:       Fire Hose                       Portable Fire Extinguisher                       Hydrant Protection  
 Hot Work Permit System
- c) Flood:  Sand Bags                       Skids or Pallets (4")                       Pumps

## 17. Loss/Claims History for the past 5 years (a claims experience letter is required from your broker)

DATE	DESCRIPTION	AMOUNT

18. General Contractor: \_\_\_\_\_

19. Engineering Consultant: \_\_\_\_\_

20. Please provide a Certificate of Insurance with a minimum of \$2,000,000 Commercial General Liability limit.

21. Please provide a site plan with distances to other structures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Insured)