



LIONS GATE UNDERWRITING

COURSE OF CONSTRUCTION APPLICATION

Submitting Broker: _____ Quote Needed By: _____

I. General Information

Named Insured (Full Legal Name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Interest of Insured: Owner Developer General Contractor (Other) _____

Project Description:

II. Coverage Details

Effective Date: _____ Expiration Date: _____

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Is a Mortgagee, Loss Payee, or Additional Insured needed?

Mortgagee Loss Payee Additional Insured

Named of Mortgagee: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Named of Loss Payee: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Named of Additional Insured: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

III. General Contractor Information

Is the General Contractor:

- First Named Insured
 Additional Insured
 Not Named on Policy

Name: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Construction Experience:

- 0-2 Years
 3-5 Years
 5-10 Years
 10+ Years

Year Business Started: _____

Have there been any insured and uninsured losses in the past 5 years? Yes No

(If "Yes," provide details below)

DATE	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT
		\$
		\$

If experience is two years or less, please describe your experience as a contractor:

Is this project 100% sub-contracted out? Yes No

Do you have experience hiring and managing subcontractors and collecting certificates? Yes No

(If "Yes," provide details below)

Has the contractor ever filed for bankruptcy or reorganization? Yes No

Has the contractor had coverage declined, cancelled, or non-renewed in the last three years? Yes No

(If "Yes," provide details below)

IV. Location Details

Project address: _____

City: _____ Province/Territory: _____ Postal code: _____

Adjacent Structures
(Attach site plan if
available)

	Type of Construction	Occupancy	Distance
North			
East			
South			
West			

Is this a speculative or pre-sold project?

- Speculative *(Non-contract Build)*
- Pre-Sold
- (Contract Build)*

Yes No

Is this a Renovation?

(If "Yes," please complete the additional renovation portion below)

Completed Value *(Excluding lot cost)*: _____

- Including or excluding profit and overhead? Including Excluding
- (Form automatically includes profit and overhead)*

Construction Type:

- Steel Non-Combustible
- Masonry Non-Combustible
- Frame
- Joisted Masonry
- Fire Resistive
- Other: _____

How many units are in the building? _____

Number of Storeys:

- 1
- 2
- 3
- 4
- 5+ If over 5 storeys, how many? _____

Total Area *(sq. ft.)* _____

Will there be fire walls between units that go through the roof? Yes No

Distance to operational fire hydrants: Less than 300 metres Greater than 300 metres

If more than 300 metres, what is the nearest source of water? _____

Distance to Responding Full-Time Fire Hall: Less than 8 kilometres Greater than 8 kilometres

Type of Responding Fire Hall: Full-Time/Career Volunteer
(4 firefighters per shift 24/7)

Jobsite Security:

- Private Security Patrol
- Fence
- Lights
- Security Camera(s) Video
- Watchman
- None
- Other *(Please explain)*:

Is this a mobile, manufactured, or modular home? Yes No

Will there be any hot work / torch-on application? Yes No

If "Yes," are there frame structures attaching to or withing 25ft? Yes No

Has construction started more than 14 days prior to the effective date of this policy? Yes No

If "Yes," when did the project start? _____

Why is the insured now requesting coverage? _____

Will the building be occupied prior to completion? Yes No

What is the anticipated occupancy?

- Single Family
- Multi-Family
- Mixed Use
- Office
- Retail Stores
- School
- Church
- Other *(Please explain)*:

V. Renovation Project Details (Only required if requesting coverage for a renovation project)

Is coverage required for the existing structure? Yes No

What year was the existing structure built? _____

Last update to:

Roof (Year): _____ Heating (Year): _____ Electrical (Year): _____ Plumbing (Year): _____

Are any of these being updated during the renovation?

Roof Heating Electrical Plumbing

If updating roof, is it a torch on application? Yes No

Detailed scope of work:

Will any structural changes be taking place?* Yes No

*Structural changes include: Removing load bearing wall(s); Moving load bearing wall(s); Adding load bearing wall(s); Adding additional story(s); Underpinning; Above ground shoring; Underground shoring; Pile driving; Extending basement footprint; Addition(s)

Has a structural engineer signed off on these changes? Yes No

Are plans available for us to review with this application? (Please include if available) Yes No

Please explain structural changes in detail:

Existing Structure Value: _____ New Work Value: _____

Completed Value (Excluding Lot): _____

VI. Optional Coverages

Soft Cost Limit: _____ Rental Value Limit: _____

Equipment Breakdown: Covered Not Covered

Flood: Covered Not Covered

Is risk located within 300 metres of a major body of water? Yes No

Is the body of water a lake? Yes No

Is this risk located within 100 metres of a lake? Yes No

Earthquake: Covered Not Covered

Sewer Back-Up: Covered Not Covered

Homes-In-Inventory (not available on renovations or buildings that will form part of a standard condominium corporation when complete) Covered Not Covered

Additional Living Expense:

\$5,000 \$10,000 \$25,000 \$50,000

Contract Damages for Delay and Expediting Expenses: Covered Not Covered

Change Order Automatic Coverage: Covered Not Covered

Business Contents Limit: _____

(Business contents in covered Temporary Structures, including 'project(s)' site trailers at a covered project location.)

Comment(s) to Underwriting:

VII. Wrap-Up Liability

Hard Cost Limit: _____ Wrap-Up Limit Required: _____

Deductible Options:

\$5,000 \$10,000 \$25,000 \$50,000

Is this a fast-track project? Yes No

Completed Operations Period:

12 months 24 months 36 months

Number of below ground storeys: _____

Will there be a phased handover? Yes No

Subsurface Operations *(if yes to any of the following, please attach a separate page describing the work and its value relative to total project)*

Demolition Yes No

Blasting Yes No

Shoring Yes No

Pile Driving Yes No

Underpinning Yes No

Existing Structure

a) Does the project attach to or communicate with an existing structure? Yes No

(If "Yes," the project is an addition or renovation. Please complete Building/Additions supplement)

b) Provide details of Loss Control Program to be implemented to protect others from operations *(e.g. traffic control, reconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc. Provide copies where available)*

Water Leak Prevention Risk Management (Please attach a copy of the written Water Damage Risk Management Program for this Project)

- a) Is there a person assigned to oversee and enforce the requirements of the above Water Damage Risk Management Program? Yes No

Name & Contact Details: _____

- b) Are only experienced mechanical/plumbing trades utilized? Yes No
- c) Is proof of insurance obtained and kept on file? Yes No
- d) Are all valves labelled? Yes No
- e) Are water line inspection and testing sign-off sheets used and kept on file? Yes No

Is there a person assigned once water lines are charged to watch for water leaks after hours? (e.g. security guard making rounds)

- a) Are Water Watch duties x-ref to all water commissioning schedules? Yes No
- b) Are rounds made hourly after construction activities have ceased for the day? Yes No
- c) Is a log or record book maintained? Yes No
- d) Do they have instructions, keys, and access to shut off water valves?? Yes No
- e) During rounds, do they inspect:
- i) All risers on every floor? Yes No
 - ii) All mechanical rooms on every floor? Yes No
 - iii) All electrical rooms on every floor? Yes No
 - iv) All areas where water lines have been filled? Yes No
 - v) All other areas where water work permits have been issued for the day? Yes No
- f) Are they supplied with a list of contacts to notify in case of problems? Yes No
- g) Do they, the Site Superintendent, or the person assigned the requirements of the Water Damage Risk Management program (as per 1.b) manually shut off the water valves if a leak is detected? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____
(Principal, Partner or Officer)

Title: _____

Print Name: _____

Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: _____

Date: _____