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Application

Construction Insurance for Non-combustible Building Projects Up to \$2 Million

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Wrap-Up Liability

Builders Risk

This application is intended for non-combustible new building construction or non-combustible building renovation projects with an initial estimated construction value of \$2 million or less. Please complete the GENERAL INFORMATION section and WRAP-UP LIABILITY according to requirements.

GENERAL INFORMATION

1. Name of Applicant: _____

2. Address of Applicant: _____
 _____ Postal Code: _____
3. Name of Project: _____
4. Address/Location of Project: _____ Postal Code: _____
5. Description of Project: _____
 New Construction: _____% Renovation: _____% Addition Beside Existing Building: _____%
6. Project Participants (Names):
 Owner: _____
 Project/Construction Manager: _____
 General Contractor: _____
7. Construction Period: From: _____ To: _____
8. Total Estimated Project Value: \$ _____
9. Project Data:
 Height of Structure (or existing building for renovation projects) _____ Storeys
 Below Grade: _____
 Above Grade: _____
 Total Area (indicate Sq. Feet or Sq. Metres): _____

10. Construction Materials of the Building (wood frame structures are not eligible for coverage):

Framework: _____

Exterior Walls: _____

Is an Exterior Insulation and Finish System (EIFS) used? YES NO

If yes, does the EIFS assembly include expanded polystyrene insulation (EPS) or other combustible material? YES NO

Roof: Structure: _____ Covering: _____

Floors: Structure: _____ Covering: _____

11. Security:

Is site fenced? YES NO Height/Type: _____

Watchman service? YES NO Hrs./Rounds: _____

Alarm: Intrusion Fire/Smoke Alarm sounds to: _____

Video surveillance? YES NO Type: _____

12. Subsurface and Hazardous Operations (please describe the nature, duration, value and relationship to both the project and to adjacent structures):

Blasting: YES NO If yes, value of work: \$ _____

Piling Work: YES NO If yes, value of work: \$ _____

Underpinning: YES NO If yes, value of work: \$ _____

Roofing Work: YES NO If yes, value of hot roofing work: \$ _____
(question applicable for renovation projects only) If yes, value of cold roofing work: \$ _____

Demolition Work: YES NO If yes, value of work: \$ _____

Is there any structural demolition operations (weakening of structural supports)? YES NO

If yes, please describe: _____

13. If any portion of the project (or the existing building for renovation projects) will be occupied prior to completion, please provide details (period, extent and nature of occupancy):

14. Geotechnical Data and Construction Data:

(a) Has a geotechnical report been completed? YES NO N/A (renovation project only)

If not, please advise reasons: _____

(b) Will the project be constructed in compliance with geotechnical recommendations? YES NO N/A (renovation project only)

15. Flood Exposure:

(a) Nearest body of water: Name: _____ Distance: _____

(b) Past flood history at site: _____

16. Please list the Project Manager's/General Contractor's two largest projects in the past three years:

Name	Type	Location	Value (in \$100,000)
_____	_____	_____	_____
_____	_____	_____	_____

17. Claims Experience:

Please detail any liability and Builders Risk claims (exceeding \$10,000 per accident) incurred by the Applicant which resulted from construction operations in the past three years.

WRAP-UP LIABILITY (Complete only if this coverage is required.)

1. Completed Operations Period: 12 months 24 months
2. Limits of Liability (please select): \$1,000,000 \$2,000,000 \$5,000,000
3. The standard property damage deductible is \$5,000. A \$2,500 property damage deductible is only available when required by contract.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor'ss privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

It is understood and agreed that the completion of this Application does not bind the insurers to sell, nor does it obligate the Applicant to purchase the insurance.

Signature of Applicant

Date (dd/mm/yyyy)