



GROUND UP COURSE OF CONSTRUCTION APPLICATION FORM

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.

ELIGIBILITY QUESTIONS

1. In which state is the property to be insured: _____

2. Please confirm the type of property to be insured: Residential Commercial Farm Other

3. Has the applicant had any policy of property insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy)

Yes No

4. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?

5. Is the property subject to any mortgage foreclosure proceedings, tax liens or tax delinquencies?

6. Is the property to be insured subject to more than two (2) mortgages or other encumbrances, OR one (1) mortgage provided by an individual or entity other than a financial institution?

7. Is the new construction located in a high crime neighbourhood?

8. Will the new structure exceed 3 (three) stories or 20,000 square feet?

Yes No

9. Has the construction work already begun?

10. Does the new construction involve: (1) one or more parts of a structure being raised, elevated or lifted; (2) one or more parts of a structure built with an open pier or a stilt; (3) a structure that is modular or manufactured; or (4) a structure that is a mobile home, a dome home, a row home, a town home, a "green" home, a unique home, an earth home, an experimental home or any other non-conventional home?

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?

12. Is the property to be insured located in a landslide area, forest fire area, or brush fire area with less than 200 feet of brush clearance?

13. Does the applicant own the property to be insured?

Yes No

14. Is the applicant acting as Contractor?

Yes No

15. Are all relevant permits in place and is the Contractor licensed?

Yes No

16. Do you presently possess a written contract with the Contractor that the Contractor has executed?

Yes No

17. 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

18. Are there any documents providing a breakdown of the projected cost of the work?

Yes No

19. Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000? Has the Contractor provided a certificate of insurance and proof that insurance is in effect for the work to be performed for the applicant?

Yes No

20. Is the applicant named as an Additional Insured on Contractor general liability policy?

Yes No

21. Will the property be secured against unauthorized entry throughout the policy period when the property is unattended?

Yes No

22. Is the applicant performing any of the work?

Yes No

23. Is the property a community association entity -- such as a homeowners, co-operative or condominium association, or its board of directors -- of four or more units?

Yes No

24. Has the project already started?

Yes No

25. Did the project start within the last 30 days?

Yes No

26. Is the property to be insured an Accessory Dwelling Unit (ADU) to a primary residence?

Yes

No

27. Does the ADU have a separate legal address from the primary structure?

Yes

No

Is the ADU physically separated from the primary structure?

Does the ADU have separate utilities from the primary structure?

Does the ADU meet all local building codes, and all work was completed with applicable permitting?

Is the primary structure insured under separate coverage for property and liability?

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

State _____ Zip code _____

Name and Address of Retail Broker: _____

State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

28. Period of Insurance: 3 Months 6 Months 9 Months Annual 29. Enter Protection Class: _____

30. Total Square Footage of Proposed Final Structure: _____

31. Completed Value of newly constructed building: _____

32. Construction Type: Fire Resistive Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive Non Combustible

33. Are there any Other Structures to be insured: Yes No 33a. Value of Other Structure(s): _____

33b. Please provide a brief description of the other structure: _____ 34. Number of Floors: _____

35. Wind Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

36. All Other Perils Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

37. Type of Quote: Basic Special

38. Estimated Renovation or Construction Work Project Costs: _____

39. Basis of Loss Settlement: ACV RCV

40. Description of New Construction Works _____

41. What is the CGL Limit carried by the Contractor: 300k 500k 1m

42. Is Vandalism and Malicious Mischief cover required: Yes No

43. Do you wish to buy coverage for Theft of Building Materials: Yes No

44. Is the property properly secured against unauthorized entry? Yes No

45. Please select a Theft of Building Materials Limit: \$25,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$250
\$50,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$500

46. Is TRIPRA coverage required: Yes No

47. Premises Liability: Yes No

48. Premises Liability Limits:
\$100,000/\$200,000 \$500,000/\$1,000,000
\$300,000/\$500,000 \$1,000,000/\$2,000,000

49. Please select type of Security at Location to be insured: Fenced and/or Gated Guarded Automatic Sprinkler System
Active Central Station Fire Alarm Active Central Station Burglar Alarm Lighting on property location None

50. Have there been any insured or uninsured losses at the location where the new construction is planned to be insured? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:

51. Prior use of Land, when last occupied: _____

52. If required, please enter details of Additional Insured: _____

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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____
Date _____ Date _____