

; FCI B8 'I D' 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

Yes No

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

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

5. Is the applicant currently involved in bankruptcy proceedings?

6. Is the land on which new construction is taking place subject to any tax or mortgage liens?

7. Is the new construction to be insured subject to more than 2 (two) mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution?

8. Is the new construction located in Protection Class 9 or 10 or located in a high crime neighbourhood?

9. Does the existing structure exceed 3 (three) stories or 30,000 square feet?

10. Has the construction work already begun?

11. Is the new construction any of the following: 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?

12. Does the construction work involve any of the following: demolition or underpinning of an existing building or structure, lead, asbestos or other pollutant abatement?

13. Will the new construction site to be insured remain locked & secured against unauthorized entry throughout the policy period when unattended?

14. Is the applicant acting as Contractor?

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

16. Has the Contractor had a minimum of 3 (three) years experience with similar renovation / remodelling / construction work?

17. Has the Contractor been subject to more than 2 (two) insurance claims, a single insurance claim exceeding \$10,000 or any litigation in the last 3 (three) years arising from or related to its renovation or construction work?

18. Will the construction work be supervised onsite by the Contractor during the whole of the project?

19. Is there a signed written contract between the applicant and the Contractor?

20. 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?

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

22. Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000?

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

23. Period of Insurance: 3 Months 6 Months 9 Months Annual 24. Enter Protection Class: _____

25. Completed Value of newly constructed building: _____

26. Total Square Footage of Proposed Final Structure: _____

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

28. Number of Floors: _____

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

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

31. Type of Quote: Basic Special

32. Estimated Project Start Date: _____ 33. Estimated Project Finish Date: _____

34. Estimated Renovation or Construction Work Project Costs: _____

35. Description of New Construction Works:

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

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

38. Is TRIPRA coverage required: Yes No

39. 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

40. Have there been any insured or uninsured losses or claims at the property 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: _____

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

COVERAGE AND PROPERTY DETAILS (continued)

42. Please provide name and address of Contractor responsible for the new construction:

43. 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 _____