

# Building Renovation Application



*The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.***

## 1. Broker Information

Brokerage: \_\_\_\_\_ Broker ID: \_\_\_\_\_  
 Broker Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Broker Contact: \_\_\_\_\_ Broker Email: \_\_\_\_\_

## 2. Applicant Information

Full Name of all Insureds: \_\_\_\_\_  
 Names of Principals: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Risk Location: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Policy Term: \_\_\_\_\_ Other Policies with ODIS: \_\_\_\_\_  
 Prior Insurance & Expiry Date: \_\_\_\_\_ If no prior insurance, please provide reason: \_\_\_\_\_

## 3. Risk Information

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Total Square Footage (incl. basement if finished): \_\_\_\_\_  
 Type of Building (detached, duplex, townhouse, high-rise etc): \_\_\_\_\_  
 Type of Construction (wood frame, fire resistive, masonry, \*sandwich panel etc): \_\_\_\_\_  
 How many months has the risk been vacant: \_\_\_\_\_  
 Description of project (any structural changes must be noted here): \_\_\_\_\_

4. Building Updates	Type	Year Updated
Electrical		
Amperage		
Heating		
Supplementary Heating		
Plumbing		
Roof		

5. Fire Protection	Yes	No
Hydrant within 300 meters?		
Fire department within 8 kms?		
Is it a volunteer fire department?		

## 6. Project Information

	Yes	No
Have building permits been issued?		
Is any work being done below grade?		
Is any torch on roof work being done?		
Will any stories be added?		
Will utilities be maintained during renovation?		
Will the building be occupied during renovation?		
Will the construction site be fully fenced?		
Will the project have any site surveillance cameras?		
Is the lot bigger than 1 acre? <i>*If 'yes', how many acres?</i>		
Is this leased land?		
Is the risk located in an active flood zone? <i>*If 'yes', we'd decline.</i>		
Is the risk located within 50 kms of an active fire zone? <i>*If 'yes', we'd decline.</i>		
Does the building have a heritage designation? <i>*NOTE: Only exterior of façade designations are accepted.</i>		
Surface operations: please indicate any subterranean work required.		
Blasting	Underpinning	Pile Driving
Shoring	Excavation	None
Please explain any positive answers:		

## 7. Project Management

Is there a professional General Contractor or professional Project Manager?

Yes

No

If no, please explain who is managing the project:

Name of the General Contractor or professional Project Manager:

Number of years of construction experience:

Number of years in business:

What is their experience?

No prior experience with this type of project

Have built several projects of same size/ scope

Does the General Contractor have a current CGL with a minimum \$2 Million Liability?

Yes

No

Has the General Contractor or professional Project Manager had any losses in the last 5 years?

Yes

No

If yes, please describe:

List the 3 largest projects completed by the General Contractor/Project Manager over the last 5 years:

Year completed

Type of project

Construction value

## 8. Project Already Started?

Has construction activity already started?

Yes

No

*\*If yes, please answer below questions:*

When did the renovation start?

Why was insurance not placed when the renovation started?

What has been done so far?

## 9. Loss Payee(s) Information

Is any mortgage held with a non-conventional or private lender?

Yes

No

Mortgagee(s):

Mortgagee(s) Address:

City:

Province:

Postal Code:

## 10. Insurance Loss & History

Has insurance ever been cancelled or refused for this property?

Yes

No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years?

Yes

No

If 'yes', please provide details in below:

Date of loss	Claim closed?	Type of loss	Amount paid	Preventative measures in place?
	Yes No			
	Yes No			

11. Coverage Information	Limits Required	Deductible
<b>Building(s)</b> <i>Post-renovation value (supported by ITV or BVS)</i>		
<b>Outbuilding(s)</b>		
<b>Contents</b> <i>(Excluding personal contents)</i>  What are the Contents:  Where are the Contents being stored?		
<b>Sewer Backup included to building limit</b>		
<b>Soft Cost</b>		
<b>Liability (CGL)</b>		
<b>Equipment Breakdown</b>	<b>Yes</b>	<b>No</b>
<b>Any specific coverage required?</b>		

## 12. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

**Full Name(s):**

**Signature(s) of All Named Insureds (only required if binding)**

**Date:**