

COURSE OF CONSTRUCTION

Home/Commercial Questionnaire

IMPORTANT NOTES :

a. The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.

b. If you have insufficient space to answer any questions, please attach a separate sheet.

c. If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.

d. This Application must be signed and dated by an Officer, Partner or Owner of the company applying for the coverage.

e. Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law.

Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing mentioned parties at this time and at any time in the future unless we receive specific written notification from you not to do so

12. General Contractor's Experience (Complete if not currently insured by Aviva Canada):

- a. Number of years in business: _____
- b. Bonded Yes No
- c. List similar projects in the past five (5) years:

13. Supporting Business (Other _____ policies including any liability or wrap-up coverage) #:

14. Please attach the following:

- a. Site Plan
- b. Schedule of Construction
- c. Schedule indicating Build-up of Construction values (Construction budget sheet)
- d. Structural plans & specifications

The completion of this Questionnaire does not bind nor does it obligate the applicant to purchase this insurance.

Prepared by [Please Print] _____

Signature of Applicant _____

Position _____

(Indicate if Applicant: Owner, General Contractor, Engineer, Architect etc.)

Phone _____ Facsimile _____ Email _____ Website _____

Broker _____

Date _____

