

GLOBAL COURSE OF CONSTRUCTION (COC) APPLICATION

1. Contractor Name:
2. Address:
3. Policy No.:
4. Limit Required:
5. Policy period:
6. At temporary situation:
7. In transport:

SALES REVENUES

8. Gross revenues for the upcoming year:
9. Forecasted gross revenues for COC insurance:

10. Type of work:

% New constructions:	
% Renovation, Expansion	
Average value of projects:	
Maximum value of a project:	

11. Amount of simultaneous projects:
12. Average duration of a project:

13. Other types of work (describe the types of projects you do):

Sewage and water systems:	
Roads	
Other (please specify):	

14. % Type of Construction

Fire-Resistive:	
Non-combustible:	
Masonry:	
Wood Frame, Brick Veneer:	

15. % Fire Protection

Protected:	
Semi-protected:	
Non protected:	

16. % Project Sectors

Residential:	
Commercial:	
Institutional:	
Industrial:	

17. Number of projects in the past year (last 12 months):

WORK PERFORMED BY SUB-CONTRACTORS

18. % of work sub-contracted:

19. Who supervises the work?

20. Special Work performed during the courses of the past year:

Blasting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pile driving:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caisson work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flame Cutting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot Tar Roofing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Torch on Application:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		

If Yes, please specify:

SCRAP

21. Presence on site of a metal container to dispose waste material: Yes No

22. Located more than 10 meters of the building? Yes No

23. Is it emptied daily? Yes No

24. Is waste and empty packaging removed daily? Yes No

25. Burning of waste on site? Yes No

HEATING

26. Temporary Heating? Yes No

- Electric
- Propane
- Kerosene
- Oil

27. Is apparatus approved (CSA, ULC, other)? Yes No

28. Is site fenced? Yes No

29. Portable extinguishers on site? Yes No

PREVIOUS ACHIEVEMENTS

30. Describe the three (3) most important projects achieved over the past three years:

31. Other pertinent information:

32. Current Insurer:

33. Five (5) Year Claims History :

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com