



## GLOBAL COURSE OF CONSTRUCTION APPLICATION

1. Contractor name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Policy number: \_\_\_\_\_
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:

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

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 :

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Signature of the Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).