



GNK Insurance Services Inc.

Course of Construction Application

APPLICANT INFORMATION			
Name			
Mailing Address			
Street			
City	Victoria	Postal Code:	
How long have you known the applicant			2 Years
Is this client financially acceptable to your office			<input type="checkbox"/> Yes <input type="checkbox"/> No
Years in operation		Years of Experience	

Applicants' Claims History: <input type="checkbox"/> No Losses			
Date of Loss	Cause of Loss	Amount Paid	Outstanding

Location Details			
Street			
City		Province	Postal Code
Legal Description (If Required)			
Loss Payable			

Coverage Term			
Date foundation completed			
From:		To:	Term:

Property		Construction Details		Protection		Security	
# of Stories		Basement		Dist to hydrant		Fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wall Const.		Year Built		Dist. to fire hall		Guard	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type		Sq. Ft.		Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foundation Type		Type of Heat					
Adjacent Exposures							



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Coverage Requirements

Property		Basis of Settlement	
<input type="checkbox"/> Fire and E.C.	<input type="checkbox"/> Broad Form	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
Coverage	Limit	Deductible	Co-Insurance
Building			
Earthquake Coverage			
Flood Coverage			
Sewer Back-up			

Contractors Equipment and Tools			
Is coverage required for Contractors Equipment and Tools?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Form		Basis of Settlement	
<input type="checkbox"/> Fire and E.C.	<input type="checkbox"/> Broad Form	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
Coverage		Deductible	Limit

Commercial General Liability		
Is Commercial General Liability Insurance required?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage	Deductible	Limit

Additional Information