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Supplementary Questionnaire Building Renovation

Attached to and forming part of Application for Construction Insurance.							
Pro	Project description and location:						
1.	Ext	Extent of asbestos removal:					
2.	Des	scribe structural support changes:					
3.		Has a professional engineer or consultant approved these structural support changes? Name of professional engineer:	YES□	NO 🗆			
4.	(a) (b)	Is the building currently sprinklered? Percentage of building sprinklered? Extent that sprinkler protection will be maintained during the renovation period:		%			
		Is the sprinkler alarm connected to a monitoring station? Age of sprinklers:	YES□	NO 🗆			
5.		Will a new sprinkler system be installed? Describe the extent to which the building will be "gutted" prior to renovation being started:	YES 🗆				
	(b)	What has been done so far?					
	(c)	Will debris be removed daily?	YES □	NO 🗆			
6.	Det	ails of the type of watchman service or fire/intrusion alarm system used during the project:					

7.	Describe what type of fire protection (i.e. extinguishers/standpipe and hose) will be available at the project site:								
8.	Will any stories b		•		onin a no	a out			YES 🗖 NO 🗀
						•			
9.	List the mortgage	es providi	ng financing f	for the proje	ect:				
10.	If this is a condor	minium de	velopment, ho	ow many ur	nits are t	here and ho	ow many	have been	sold?
11.	Detail similar pro	jects the g	eneral contrac	ctor or proje	ect man	ager have d	one in th	ne past:	
12.	Will there be any	torch cutt	ing or welding	g in the pro	iect?				YES□ NO□
	-	t Work" P	ermit system	be required	by the				anager so that anyon
13.	Describe the perc	entage to	which the foll	owing build	ding sys	tems will b	e replace	ed:	
	Plumbing	•		_			•		
	Roof		Heating		_%				
14.	If the building is of mixed construction, what percentage of the following is constructed of wood?								
	Roof		Floors		_%	Walls		_%	
15.	Age of building:								
16.	(a) Square footag	ge of the f	inished areas:						
	(b) Square footage of the unfinished areas (i.e. unfinished basement):								
17.	What amount of Questionnaire?	insurance	e was carried	i on the b	ouilding	in the las	t policy	year prio	r to the date of thi
18.	Has or will a buil	ding perm	it be obtained	for this ren	novation	project?			YES □ NO □
19.	Will the building	be partiall	y occupied du	aring renov	ation ac	tivities?			YES □ NO □
	If yes, what perce	entage of th	ne building w	ill be occup	oied?				0/
	If yes, please give	e a good de	escription of t	he occupan	cy:				
	If yes, what safety	y measures	s are being tal	cen to preve	ent occu	pants from	entering	the work a	nreas:

20.	0. Does the existing building currently contain property such as furniture or stock?								
	If yes:	(a)	Please provide a description of these contents.						
		(b)	Where will the contents be stored during the renovation work?						
		(c)	Are any special safety precautions being taken to prevent damage to these contents?						
Sigr	ned:		Dated:						