

Course of Construction Form for Massage Addict Clinics

(commercial general liability insurance, property insurance, and other additional coverages)

For any questions or inquiries about this form contact: messageaddict@tripemco.com

Contact Information

Name of legal entity obtaining possession of unit			
Mailing address			
Contact email			
Contact phone number			
Will a landlord or other party need to be included on the policy as an Additional Insured party?	Yes or No:	Name:	Mailing Address:

Building Information

Location address and unit number	
Describe construction of building (i.e. brick, concrete, wood)	
Year built	
Number of stories	
Distance to nearest fire hydrant (metres)	
Distance to fire hall (kilometres)	

Unit Information

Who is doing the renovations?	Contractor (Yes or No):		Insured (Yes or No):
Contractor name			
Does the contractor have commercial general liability insurance? (Yes or No)			
If yes, supply details on:	Limit:	Company:	Expiry:
Describe the type of <i>structural</i> renovations being done.			
Describe the type of <i>cosmetic</i> renovations being done.			
What is the total dollar amount of renovations?			
When will possession of unit be taken? (YYYY-MM-DD)			
What date do renovations begin? (YYYY-MM-DD)			
What date will renovations end? (YYYY-MM-DD)			
How often will you inspect the property?			
Do you need contents insurance? (Yes or No)			
Where will you be storing the contents throughout the renovations? If yes, will contents be locked in a secure space?			
Is the dwelling equipped with a monitored alarm system that will be kept operational during the renovations? (Yes or No)	Fire:	Burglar:	

Date (YYYY-MM-DD):

Signature of Agent/Broker: