

**EXECUTIVE HOMEOWNERS BUILDERS RISK
APPLICATION**

COVERAGE REQUESTED

APPLICATION ATTACHED

CONTRACT WORKS	YES	NO
IN TRANSIT MATERIALS	YES	NO

* APPLICATION MUST BE ACCOMPANIED BY SITE PLAN

GENERAL INFORMATION

1. Name and Address of Applicant: _____

2. Named Insureds (list): _____

3. Name of Project: _____

4. Address/Location of Project: _____

5. Description of Project: _____

6. Total Project Value: _____ (attach breakdown in values)

Hard Costs: _____ (labour, materials, professional fees that form part of the project)

Soft Costs: _____ (Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying costs.)

Details on soft costs: _____

7. Project Participants:

Owner: _____

Project/Construction Manager: _____

General Contractor: _____

Prime Architectural/Engineering Consultant: _____

Geo-technical Engineer: _____

8. Construction Period: From _____ To _____

Policy Term: From _____ To _____

9. Construction Details:

Height of Structure	Stories	Metres
Below Grade:	_____	_____
Above Grade:	_____	_____

Total Building Area: _____ sq. metres

Foundation: _____

Framework: _____

Beams or girders with spans > 25 metres? Yes No

Exterior Walls: _____

Roof: Structure _____ Covering _____

Floors: Structure _____ Covering _____

10. Adjacent Structures: (attach site plan if available)

	Type of Construction	Occupancy	Distance
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

11. Location Information:

(a.) Distance to nearest Fire Department _____

(b.) Name of City or Town providing protection _____

(c.) Hydrants (operational) _____ Number within 1,000 ft. _____

(d.) Describe private fire protection _____

(e.) Will the project be sprinklered? Yes No

If so, at which time will the sprinkler system be in operation? _____

12. Site Security:

Fencing Yes No Details: _____

Watchman Service Yes No Details: _____

13. Neighbourhood (describe): _____

14. Is the project a renovation /alteration /addition? Yes No

If yes, provide details on existing property: _____

Is existing property to be covered by this policy? Yes No

Describe how fire protection systems will be maintained:

15. Subsurface Operations:

Describe nature, duration, value and relationship to both the project and to adjacent properties.

Blasting: _____
Shoring: _____
Pile Driving: _____
Underpinning: _____
Excavation: _____

16. Project Manager/General Contractor/Owner Experience:

Experience in this type of work: _____

17. Gross construction project losses over last 3 years: _____

18. Attachments:

Breakdown of Values for various structures and type of work:	Yes	No
Site Plan:	Yes	No
Construction Schedule:	Yes	No
Geo-technical Report:	Yes	No

The undersigned declares that all statements made in this Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis for the contract, should the policy be issued.

Information provided by

Title

Signature

Date

Broker: _____

Email: _____

Address: _____

Telephone: _____ Fax: _____