

BUILDERS RISK APPLICATION

COVERAGE REQUESTED

CONTRACT WORKS

Yes

No

IN TRANSIT MATERIALS

Yes

No

Application Attached

GENERAL INFORMATION

Name and Address of Applicant: _____

Named Insureds (list): _____

Name of Project: _____

Address/Location of Project: _____

Description of Project: _____

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: _____

PROJECT PARTICIPANTS

Owner _____

Project / Construction Manager _____

General Contractor _____

Prime Architectural / Engineering Consultant _____

Geo-Technical Engineer _____

Construction Period FROM _____ TO _____

Policy Term FROM _____ TO _____

CONSTRUCTION DETAILS

Height of Structure**Storeys****Meters**

Below Grade _____

Above Grade _____

Total Building Area _____ sq. meters

Foundation _____

Framework _____

Beams or Girders with Spans > 25 Meters? Yes No

Exterior Walls _____

Roof: Structure _____ Covering _____

Floors: Structure _____ Covering _____

Adjacent Structures (attach site plan if available)

| | Type of Construction | Occupancy | Distance |
|-------|----------------------|-----------|----------|
| NORTH | _____ | _____ | _____ |
| EAST | _____ | _____ | _____ |
| SOUTH | _____ | _____ | _____ |
| WEST | _____ | _____ | _____ |

Location Information

Distance to nearest Fire Department _____

Name of City or Town providing protection _____

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

Describe private fire protection _____

Will project be sprinklered? Yes No If yes, at what time will the sprinkler system be in operation: _____

Site Security

Fencing Yes No Details _____

Watchman Service Yes No Details _____

Neighbourhood (please describe)

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: _____

Subsurface Operations

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

Blasting _____

Shoring _____

Pile Driving _____

Underpinning _____

Excavation _____

Project Manager/General Contractor/Owner Experience

Experience in this type of work

Gross construction project losses over the last 3 years

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 |

Target Premium (if known): _____

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

Brokerage (name address) _____

Broker (name) _____ Email _____

Phone# _____