

# EXECUTIVE HOMEOWNERS BUILDERS RISK APPLICATION

## COVERAGE REQUESTED

Contract Works  
In Transit Materials

## APPLICATION ATTACHED

Yes No  
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 projection 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: \_\_\_\_\_