

# BUILDERS RISK APPLICATION

## COVERAGE REQUESTED

CONTRACT WORKS

IN TRANSIT MATERIALS

## Application Attached

Yes No

Yes No

## 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

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.

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INFORMATION PROVIDED BY	TITLE
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SIGNATURE	DATE
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Brokerage (name address) \_\_\_\_\_

Broker (name) \_\_\_\_\_ Email \_\_\_\_\_

Phone# \_\_\_\_\_