

BUILDERS RISK APPLICATION – COMMERCIAL

Providing detailed information and submission of all documents/plans requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

- 1) Site Plan indicating distance, construction and occupancy of exposure
- 2) Summary and Recommendations for the Geotechnical Report
- 3) Breakdown of Values for the various structures and types of work

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Mortgagee: _____

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years for either the Owner, Developer or General Contractor and state the date and value of each loss, before the deductible (if any) was applied:

Have you ever had insurance refused or cancelled? Yes No

If yes, please explain:

PART 2 PROJECT INFORMATION

Name of Owner: _____

Name of Project Manger / General Contractors: _____

Risk/Project Location Address: _____ Postal Code: _____

New Construction? Yes No Description of Project: _____

Renovation? Yes No

If yes, please provide a complete description of the renovation work, including the cost of the renovations and value of the existing structure:

Number of Stories: _____ Number of Buildings: _____ Yes No

If more than one building, please advise the value of each building and distance between each building: _____

_____ Finished Building Area (Sq. Ft.) _____

PART 3 CONSTRUCTION INFORMATION

Exterior Walls: Wood Non Combustible Fire Resistive Other, please explain: _____

Siding: Wood Brick Fire Resistive Other, please explain: _____

Floors: Wood Non Combustible Fire Resistive Other, please explain: _____

Roof: Wood Non Combustible Tar & Gravel Shake Other, please explain: _____

Foundation (for each structure): Concrete Other, please explain: _____

Nature of Ground: Flat Hillside Swampy Other, please explain: _____

Any Hot Tar Roofing: Yes No Any Torch-On Application: Yes No

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

What "firebreaks" are proposed? _____

Will access roads be maintained to permit emergency vehicles access to site and hydrants at all times after commencement of framing operations? Yes No
If no, please advise reasons: _____

Will fire hydrants be operational from commencement of framing? Yes No
If no, please advise reasons: _____

Has a geotechnical report been completed? Yes No
If no, please advise reasons: _____

Will the project be in compliance with the geo-technical recommendations? Yes No
If modifications, please describe in detail: _____

If a copy of the geotechnical report summary and recommendations are not available, please describe the soil conditions: _____

PART 4 ADJACENT STRUCTURES (Attach site plan if available)

| | TYPE OF CONSTRUCTION | OCCUPANCY | DISTANCE (FEET) |
|-------|----------------------|-----------|-----------------|
| NORTH | | | |
| EAST | | | |
| SOUTH | | | |
| WEST | | | |

PART 5**GENERAL CONTRACTOR**

Name of General Contractor (If not Insured): _____ Is the General Contractor bonded? Yes No

Experience: Very Experienced Experienced Limited Experience Unknown

Does the General Contractor have CGL Insurance? Yes No If yes, who is the insurer: _____

List Project Manager's / General Contractor's 5 largest projects in the past 5 years (including Name / Type / Location / Value):

PART 6**SITE PREPARATION**

Is any blasting or demolition involved? Yes No

If yes, will operations be completed prior to commencement of project? Yes No

Is shoring, underpinning, blasting or pile driving involved? Yes No

If yes, please provide the nature, duration, value and relationship to both the project and to adjacent structures:

Any potential exposure to adjacent structures from excavating? Yes No
If yes, explain:

PART 7**SUBCONTRACTORS**

Do you check for previous experience and history of all subcontractors? Yes No

Do you insist on written contracts with all subcontractors? Yes No

Do all subcontractors carry a minimum of \$1M CGL coverage? Yes No

Do you have your own panel/list of approved subcontractors? Yes No

Will the project be in compliance with the geo-technical recommendations? Yes No

If any of the above questions are answered "no" – please explain:

PART 8 TESTING

Electrical / mechanical breakdown during commissioning? Yes No Number of Weeks: _____

Who will perform the testing operations? _____

Describe the operations involved in testing and commissioning: _____

Will the project involve installations of any used equipment? Yes No If yes, explain: _____

PART 9 SITE PROTECTION INFORMATION

Hydrant Protected (operational): Yes No Distance to Fire Hall: _____ Km. Volunteer Paid

Private fire protections (sprinklers/extinguishers/water tanks etc):

Type of Neighborhood: Residential Commercial Other, please explain: _____

Site Security: Is the Site Fenced(6 feet height)? Yes No Monitored Alarm at lock up? Yes No

Site Lighting: Is the site well lit? Yes No Is additional lighting provided from dusk to dawn? Yes No

Distance to closest occupied are in feet? _____ Is the project viewable from the road? Yes No

If no, please describe other security measures being taken: _____

On site Watchman Service (full-time – 24/7): Yes No Security Patrol: Yes No

Monitored Electronic Security Sytems: Yes No If Yes, provide details of installation specifications incl. site plan showing location of Video Camera placement

Any use of highly flammable or explosive materials to be present on site? Yes No If yes, explain: _____

PART 10 FLOOD EXPOSURE

Nearest body of Water: Name: _____ Distance: _____

Any past flood history at project site? Yes No
If yes, explain: _____

Height of project during and after excavation from surface water: _____

Describe precautions to be taken to prevent damage from flood: _____

What is being done to prevent run-off damage? _____



Perils Required: All Risk Fire/EC Flood Earthquake Deductible: _____

Contract Period: _____ Months. Required Effective Date: _____

Start Date of foundations: _____ Completion Date: _____

Hard Costs: \$ _____ (Replacement Cost To Rebuild: Labour, materials, professional fees etc)

Soft Costs: \$ _____ (Finance Costs, Leasing and Marketing Expense, Legal/Accounting Expense)

Delayed Opening: \$ _____ Limit per month \$ _____ month(s) indemnity period?

T.I.V. Sum Insured: \$ _____ Deductible: _____

Any Miscellaneous Property to be insured? Yes No (see below for optional extensions)

Offsite locations: Please list locations, details operations and maximum value at each:

Transit Coverage: Please advise point of origin, location where the insured accepts responsibility and limit required:

Other Property to be insured: If coverage is required for either (A) or (B) below, please provide detail age, construction, condition and occupancy of such property:

A) Existing Building: \$ _____

B) Temporary buildings, scaffolding, falsework, forms and hoarding: \$ _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: _____ **Position:** _____

Please Print Name: _____ **Date:** _____

