

BUILDERS RISK APPLICATION

ALL COMMERCIAL PROJECTS AND PROJECTS REQUIRING CGL OR WRAP UP LIABILITY

Please complete section A for all quotes (Complete section B also if CGL or WRAP-UP coverage is required.)

SIGNATURES ARE REQUIRED ON PAGE 5. We may require the following documents in order to finalize the quote:

1. Site Plan
2. Break down of Values
3. Summary and Recommendations for the Geotechnical Report

SECTION A : BUILDERS RISK APPLICATION

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

FIVE-YEAR CLAIMS HISTORY: YES NONE

If yes, list: _____

Have you ever had insurance refused, or cancelled? YES NO If yes, please explain: _____

MORTGAGEE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

GENERAL CONTRACTOR

Name (if not assured): _____ Years in Business: _____

List Project Manager's 3 recent large projects in past 5 years:

NAME	TYPE	LOCATION	VALUE
1.			
2.			
3.			

Is the General Contractor bonded? YES NO Member of Canadian Home Builder's Association: YES NO

CGL Insurer: _____ Policy #: _____

Details of all claims over \$5,000 by general contractor or developer during past 5 years: _____

Details of any loss control program to be implemented: _____

PROJECT

Is blasting or demolition involved? YES NO

If yes, will operations be completed prior to commencement of project? YES NO

Is shoring, underpinning or pile driving involved? YES NO

If yes, provide details for each activity including nature, duration, contract price and relationship to both the project and to adjacent structures: _____

Name of Owner: _____ Name of Project Manager: _____

Description of Project: _____

Address of Project: _____

City: _____ Province: _____ Postal Code: _____

New Construction: YES NO Renovation: YES NO Is this a Heritage Building or Site? YES NO

If Renovation, complete RENOVATION QUESTIONNAIRE.

Value of existing structure: \$ _____ Cost of renovations: \$ _____

Of Stories: _____ No. of Buildings: _____ No. Of Units: _____ Attach site plan: YES NO

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

BUILDERS RISK APPLICATION

ALL COMMERCIAL PROJECTS AND PROJECTS REQUIRING CGL OR WRAP UP LIABILITY

DESCRIPTION OF CONSTRUCTION

WALLS		SIDING		FLOORS		TYPE OF ROOF		FOUNDATION	
Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Concrete	<input type="checkbox"/>
Non Combustible	<input type="checkbox"/>	Brick	<input type="checkbox"/>	Non Combustible	<input type="checkbox"/>	Non Combustible	<input type="checkbox"/>	Other	<input type="checkbox"/>
Fire Resistive	<input type="checkbox"/>	Fire Resistive	<input type="checkbox"/>	Fire Resistive	<input type="checkbox"/>	Tar and Gravel	<input type="checkbox"/>	Feet Below Grade: _____	
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Shakes	<input type="checkbox"/>		
						Other	<input type="checkbox"/>		

Underground parking? YES NO How many levels of underground parking? _____
 Hot Tar roofing: YES NO Torch on application: YES NO
 If yes, describe procedure: _____

ADJACENT STRUCTIONS (site plan if available)

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE (FEET)
North			
East			
South			
West			

COVERAGE (see worksheet)

Insurance Period: From: _____ To: _____
 Hard Costs: \$ _____ (Replacement Cost to Rebuild: Labour, Materials)
 Soft Cost: \$ _____ (Finance Costs, Leasing, Marketing, Legal, Accounting, Interest, Other Carrying Cost, Professional Fees, Etc.)
 Delayed Opening: \$ _____ Limit per month \$ _____ Time Period: _____ months
T.I.V Sum Insured: \$ _____ Deductible : \$ _____
 Extension: Offsite/Transit coverage: \$ _____ Other Property to be insured? \$ _____
 Describe: _____
 _____ Total Square footage _____ sq ft. Cost per Square foot: \$ _____

If Flood is required: Distance from nearest body of water: _____ Height above body of water: _____

Is it in a Federal Flood zone? YES NO
 Perils Required: All risk Fire and EC Deductible: Flood / Earthquake
 Start Date of foundations: _____ Completion Date: _____

If already started, complete PROJECT ALREADY STARTED QUESTIONNAIRE.

PROTECTION

Hydrant: YES NO Distance to fire hall: _____ km. Volunteer Fully paid
 Private fire protections (sprinklers / extinguishers, water tanks etc): _____
 If sprinklers, when will they be operational? _____
 Type of Neighborhood: Residential Commercial Mixed Other
 Crime: Low Crime High Crime Declining Improving Other
 Distance to closest occupied area in feet? _____ Is project viewable from road? YES NO
 Site lighting: Is site well lit? YES NO Street only: _____ Additional lighting dusk to dawn: YES NO
 Fencing 6 feet height: YES NO Watchmen? YES NO Monitored Alarm at lock up? YES NO
 Soil type on building site: Rock Clay Landfill Other
 Standard Construction Techniques: YES NO If no, explain: _____
 Any past flood history at project site? YES NO
 Explosion (detail use of any flammable or explosive materials): _____

SUBCONTRACTORS (Proof of insurance \$1,000,000 CGL to be on file with the general contractor)

Name of Framing Firm: _____ CGL insurer: _____
Name of Roofing Firm: _____ CGL insurer: _____
Name of Plumbing Firm: _____ CGL insurer: _____
Name of Heating Firm: _____ CGL insurer: _____
Name of Electrical Firm: _____ CGL insurer: _____
Name of Architecture Firm: _____
Name of Engineering Firm: _____
Name of Geo-technical Firm: _____
Project in compliance with geo-technical recommendations: YES NO If no, explain: _____
Any potential exposure to adjacent structures from excavating? YES NO If yes, explain: _____

TESTING

Electrical / mechanical breakdown during commissioning: YES NO No. of wks: _____
Who will perform the testing operation? _____ Describe operation involved in testing: _____

Will installation involve used equipment? YES NO

SECTION B: CGL AND WRAP-UP LIABILITY

1. Total Estimated Project Value: \$ _____ (Attach breakdown if available)
2. Completed Operations Period: 12 24 months
3. Limits of Liability: _____ Deductible Options: _____
\$ _____ \$ _____
\$ _____ \$ _____
4. a) Does the project attach to or communicate with an existing structure? YES NO
Manner in which structures will connect or communicate: _____

b) Occupancy of existing structure during construction: _____
c) Business Interruption/Loss of use for damages to existing structure: _____
d) Is coverage required for damage to existing structure? YES NO
5. If any portion of the project will be occupied prior to completion, provide details (Period, Extent and Nature of Occupancy): _____

6. Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, and underpinning. _____
7. Detail exposures to utilities, including relocation thereof (Both below and above grade): _____

8. Describe any offsite operations or locations, which require insurance: _____

9. Provide details of LOSS CONTROL PROGRAM to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring preconstruction location of utilities and notification to others of interrupting thereof, etc): _____

10. Detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three (3) years (owner, general contractor project/construction manager, Indicate Date, Amount, Nature of Claim): _____

CONTRACTORS' EQUIPMENT PROPERTY

Does the Applicant require property coverage for their equipment? YES NO

If yes, please go to _____ complete the Contractors' Equipment Property application and send it to Premier

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

Applicant's Name: _____

Applicant's Signature: _____

Brokerage: _____

Broker Signature: _____

Date: _____

Email: _____

Fax No: _____

Tel No: _____

Leon Levi
Commercial Account Executive
INSUREIT GROUP INC
T: 416-388-8918
T: Tel: 905-752-3600 ext 513
• 1-855-752-3600 ext. 513
T: Fax: 905-752-3688
llevi@insureitgroup.com
<https://torontoinsurancesolutions.com>
www.insureitgroup.com