

BUILDERS RISK APPLICATION

Residential Renovation Projects (up to 6plex in size)

GENERAL INFORMATION

Applicant's Name: _____ Date(s) of Birth: _____
Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
Have you ever had any prior losses (claimed or not) under a construction policy? YES NO
If YES, Please describe: _____
Have you ever had insurance refused or cancelled? YES NO
If YES, Please explain: _____
Mortgagee: _____
Address: _____ City: _____ Province: _____ Postal Code: _____

PROJECT DESCRIPTION

Start Date: _____ Completion Date: _____
Project Address: _____ City: _____ Province: _____ Postal Code: _____
Description of Project: _____
Cost of renovation project: \$ _____ (attach breakdown if avail.)
Soft Costs: \$ _____ (optional by endorsement)
Will there be any structural work? YES NO If YES, describe: _____
Has a professional engineer or consultant approved these structural support changes? Yes No
Does the Project involve any excavation, foundation work or modifications to the foundation? Yes No
If yes, please provide details: _____
Will the building be partially occupied during renovation activities? Yes No
If yes, what percentage of the building will be occupied? _____%
What safety measures are being taken to prevent occupants from entering the work areas: _____
If Flood is required - Distance from nearest body of water: _____ Height above body of water: _____

EXISTING STRUCTURE

Type of Building: _____ Age of Existing Building: _____
Construction Type:
Exterior Walls: Wood Non Combustible Other, please explain: _____
Siding: Wood Brick Vinyl Other, please explain: _____
Floors: Wood Non Combustible Other, please explain: _____
Roof: Wood Non Combustible Tar & Gravel Shake
 Other, please explain: _____
Is this a Heritage Building? Yes No
Square footage of the finished area: _____ Square footage of the unfinished area (i.e. unfinished basement): _____
Do you require coverage on existing structure? YES NO If YES, limit required: \$ _____

PROTECTION

Hydrant: Yes No Distance to fire hall: _____ km Volunteer Fully paid
Type of Neighborhood: Residential Commercial Mixed Other
Distance to closest occupied area in feet? _____ Is project viewable from road? Yes No

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PROJECT MANAGEMENT

Is project managed by a professional general contractor? Yes No

If NO, please explain who is managing, and list related prior experience (prior jobs):

If YES, Name of General Contractor: _____ Years in Bus: _____

Does General Contractor carry CGL? Yes No

Loss History? Yes No If yes, Please describe: _____

List of similar projects in past 5 years: _____

PLEASE READ

Only complete the following if construction activity has already started on site

What date did framing for the foundations start? _____

Why was insurance not placed at the time construction started? _____

Have there been any incidences on the site that could result in a loss? Yes No

If YES, please explain: _____

Are there any builder liens or writs? Yes No

If YES, please explain: _____

Any changes in the financial status of the contractor or site owner? Yes No

If YES, please explain: _____

Percentage of construction budget spent as at today? _____%

Describe remaining work: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____ Applicant's Signature: _____ Date: _____

Brokerage: _____ Broker Signature: _____ Date: _____

Email: _____ Tel No: _____

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