

**BUILDERS RISK APPLICATION – ALREADY STARTED CONSTRUCTION PROJECTS**

**GENERAL INFORMATION**

APPLICANT'S NAME:

MAILING ADDRESS: CITY: PROVINCE: POSTAL CODE:

FIVE-YEAR CLAIMS HISTORY:  YES  NONE IF YES, LIST:

MORTGAGEE:

ADDRESS: CITY: PROVINCE: POSTAL CODE:

**GENERAL CONTRACTOR**

Name (if not assured): Years in Business:

Five-Year Claims History: CGL Insurer:

Last 3 projects (value and type):

**PROJECT**

Address: City: Province: Postal Code:

Description of Project:  House  Duplex  Triplex  Other (Describe):

New Construction?  YES  NO  Speculation  Pre-sold / owner occupied

Renovation?  YES  NO If YES, complete RENOVATION QUESTIONNAIRE.

Is this a Heritage Building or Site?  YES  NO Cost of Renovations: \$ ACV Value of existing structure: \$

**DESCRIPTION OF CONSTRUCTION**

WALLS	SIDING	FLOORS	TYPE OF ROOF	FOUNDATION	SOIL TYPE ON BUILDING SITE
Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Concrete <input type="checkbox"/>	Clay <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"/>	Rock <input type="checkbox"/>
Log <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Tar and Gravel <input type="checkbox"/>	Feet Below Grade:	Landfill <input type="checkbox"/>
Other <input type="checkbox"/>			Shakes <input type="checkbox"/>	feet	Other <input type="checkbox"/>
			Other <input type="checkbox"/>		

Hot Tar roofing:  YES  NO Torch on application:  YES  NO

Standard Frame Construction Techniques:  YES  NO

If no, explain:

Perils Required:  All risk  Fire and EC  Flood / Earthquake

**COVERAGE**

Start Date of foundations: Completion Date:

If already started – Complete PROJECT ALREADY STARTED QUESTIONNAIRE.

Replacement Costs: \$ (Replacement Cost to Rebuild: Labour, Materials, Professional Fees, Etc)

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Soft Cost: \$ \_\_\_\_\_ (Finance Costs, Leasing, Marketing, Legal, Accounting, Interest, Other Carrying Cost)

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

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Extension: Off site/Transit coverage: \$ \_\_\_\_\_ Other: \_\_\_\_\_

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Total Square footage: \_\_\_\_\_ sq ft. Cost per Square foot: \$ \_\_\_\_\_ Attach RCT:  YES  NO

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If Flood is a required: Distance from nearest body of water: \_\_\_\_\_ Height above body of water: \_\_\_\_\_

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Is it in a Federal flood zone?  YES  NO

**PROTECTION**

Hydrant:  YES  NO Distance to fire hall: \_\_\_\_\_ km  Volunteer  Fully paid

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

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Type of Neighborhood:  Residential  Commercial  Mixed  Other

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Crime:  Low Crime  High Crime  Declining  Improving  Other

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Distance to closest occupied area in feet? \_\_\_\_\_ Is project viewable from road?  YES  NO

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Site lighting: Is site well lit?  YES  NO Street only: \_\_\_\_\_ Additional lighting dusk to dawn?  YES  NO

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Fencing 6 feet height:  YES  NO Watchman?  YES  NO Monitored Alarm at lock up?  YES  NO

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

**PROJECTS ALREADY COMMENCED**

Is this applicant a current client of your brokerage? \_\_\_\_\_

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What was the date framing for the foundations was started? \_\_\_\_\_

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Why was insurance not placed at the time construction started? \_\_\_\_\_

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Are there any known or reported claims or losses to this project? \_\_\_\_\_

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Are there any potential liens on the property? \_\_\_\_\_

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Any changes in the financial status of the contractor or site owner? \_\_\_\_\_

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Name of General Contractor (**Must carry his own CGL**): \_\_\_\_\_

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If applicant is acting as General Contractor, please provide detailed history of prior experience as General Contractor? \_\_\_\_\_

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On what date did the municipality issue the building permit? \_\_\_\_\_

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: \_\_\_\_\_

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