

## CONSTRUCTION INSURANCE

### Builder's Risk – New Build

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

#### APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

**Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.**

### Section 1 – Applicant Information

Applicant's Name: \_\_\_\_\_

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 describe: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Section 2 - Project Management

Is the 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, please list the name of General Contractor: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Does General Contractor carry a Commercial General Liability (CGL) Policy?  Yes  No

List of similar projects in past 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3 - Description of Project

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Project:  House  Duplex  Triplex  Other (Describe): \_\_\_\_\_

Square footage of the finished area: \_\_\_\_\_

Square footage of the unfinished area (i.e. unfinished basement): \_\_\_\_\_

Stories \_\_\_\_\_

#### Construction Type:

Exterior Walls:  Wood  Non-combustible

Sliding:  Wood  Brick  Vinyl

Floors:  Wood  Non-combustible

Roof:  Wood  Non-combustible  Tar & Gravel  Shake

## Section 4 - Protection

Is there a Fire Hydrant:  Yes  No Location of Hydrant: \_\_\_\_\_  
Distance to fire hall: \_\_\_\_\_ km  
Fire Department:  Volunteer  Fully paid  
Type of Neighborhood:  Residential  Commercial  Residential and Commercial  Other \_\_\_\_\_  
Is the project viewable from road?  Yes  No

## Section 5 - Coverage Requested

TIV / Limit Requested: \$ \_\_\_\_\_  
Costs to Rebuild (i.e. Labour costs, Materials, Fees, Etc): \$ \_\_\_\_\_  
Soft Costs (optional by endorsement – i.e. Finance Costs, Legal, Accounting, Other Carrying Cost): \$ \_\_\_\_\_  
» Please describe Soft Costs: \_\_\_\_\_

## Section 6 - For Projects Already Started (only if applicable)

On what date did the municipality issue the building permit? \_\_\_\_\_ (DD/MM/YYYY)  
What date did framing for the foundations start? \_\_\_\_\_ (DD/MM/YYYY)  
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  
» Please explain in detail and include dates:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any builder liens on this property?  Yes  No  
» Please explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any changes in the financial status of the contractor or site owner?  Yes  No  
» Please explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a detailed description of any remaining work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 7 - Broker Information

Broker Name: \_\_\_\_\_  
Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Brokerage: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax No: \_\_\_\_\_ Tel No: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_