

CONSTRUCTION INSURANCE

Builder's Risk – Residential Renovation

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: _____

Description of Project: _____

» Cost of renovation project: \$ _____ (please provide supporting documents)

» 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? _____

Section 4 - Building

Building Type: _____ Age: _____

Construction Type:

- Exterior Walls: Wood Non-combustible
Sliding: Wood Brick Vinyl
Floors: Wood Non-combustible
Roof: Wood Non-combustible Tar & Gravel Shake

Is this a heritage building?: Yes No

Square footage of the finished area: _____ Square footage of the unfinished area: _____ Stories _____

Do you require coverage on existing structure? Yes No If Yes, limit requested: \$ _____

Section 5 - 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 6 - For Projects Already Started (only if applicable)

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 or writs in place? 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: _____

Brokerage: _____

Fax No: _____

Date: _____

Email: _____

Tel No: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____