



# Builder's 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 7. We also may require the following documents in order:

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: \_\_\_\_\_

Five-year claims history:    Yes    None    If yes, list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had insurance refused, or cancelled?    Y    N    If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the General Contractor bonded?    Y    N

Member of Canadian Home Builders Association:    Y    N

CGL Insurer: \_\_\_\_\_      Policy #: \_\_\_\_\_

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

**PROJECT**

Is blasting or demolition involved? Y N

If yes, will operations be completed prior to commencement of project? Y N

Is shoring, underpinning or pile driving involved? Y N

If yes, provide details of reach 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: \_\_\_\_\_

New construction: Y N

Renovation: Y N

Is this a heritage building or site? Y N

If renovation, complete **RENOVATION QUESTIONNAIRE**.

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

Number of stories: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Attach site plan: Y N

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

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

**DESCRIPTION OF CONSTRUCTION**

Walls	Siding	Floors	Type of roof	Foundation
Wood	Wood	Wood	Wood	Concrete
Non Combustible	Brick	Non Combustible	Non Combustible	Other
Fire Resistive	Fire Resistive	Fire Resistive	Tar & Gravel	Feet Below Grade
Other	Other	Other	Shakes	Other

Underground Parking? Y N

How many levels of underground parking? \_\_\_\_\_

Hot Tar roofing? Y N

Torch on application: Y N 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 Costs: \$ \_\_\_\_\_  
(Finance Costs, Leasing, Marketing, Legal, Accounting, Interest, Other Carrying Cost, Professional Fees, etc.)

Delayed Opening: \$ \_\_\_\_\_ Limit per month: \$ \_\_\_\_\_ Time Period:(month) \_\_\_\_\_

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

Extension: Offsite/Transit Coverage: \$ \_\_\_\_\_ Other Property to be insured? \$ \_\_\_\_\_

Describe:

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

Total square footage: \_\_\_\_\_ 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? Y N

Perils required: All risks Fire and EC Deductible Flood / Earthquake

Start date of foundations: \_\_\_\_\_ Completion date: \_\_\_\_\_

If already started, complete **PROJECT ALREADY STARTED QUESTIONNAIRE**.

**PROTECTION**

Hydrant: Y N Distance to fire hall: \_\_\_\_\_

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 closed occupied area in feet? \_\_\_\_\_ Is project viewable from road? Y N

Site lighting: Is site well lit? Y N Street only: \_\_\_\_\_

Additional lighting dusk to dawn: Y N

Fencing 6 feet height: Y N Watchmen? Y N

Monitored Alarm at lock up? Y N

Soil type on building site: Rock Clay Landfill Other

Standard Construction techniques: Y N

If no, explain:

\_\_\_\_\_

Any past flood history at project site? Y N

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: \_\_\_\_\_

Project in compliance with geo-technical recommendations? Y N If no, explain:

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

Any potential exposure to adjacent structures from excavating? Y N If yes, explain:

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

**TESTING**

Electrical / mechanical breakdown during commissioning: Y N

Number of weeks: \_\_\_\_\_

Who will perform the testing operation? \_\_\_\_\_

Describe operation involved in testing:  
\_\_\_\_\_  
\_\_\_\_\_

Will installation involve used equipment? Y N

**SECTION B: CGL AND WRAP-UP LIABILITY**

Total estimated project value (attach breakdown if available):\$

Completed Operations Period: 12months 24 months

Limits of Liability	Deductible Options:
\$ _____	\$ _____
\$ _____	\$ _____

• Does the project attach to or communicate with an existing structure? Y N

Manner in which structures will connect or communicate: \_\_\_\_\_

• Occupancy of existing structure during construction: \_\_\_\_\_

• Business Interruption / Loss of use for damages to existing structure: \_\_\_\_\_

• Is coverage required for damage to existing structure? Y N

If any portion of the project will be occupied prior to completion, provide details (Period, extent and nature of occupancy):

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

Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, and underpinning:

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

Detail exposures to utilities, including relocation thereof (both below and above grade):

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

Describe any offsite operations or locations, which require insurance:

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



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

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Detail all liability claims (exceeding \$10,000 / 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):

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**CONTRACTORS' EQUIPMENT PROPERTY**

Does the Applicant require property coverage for their equipment? Y N  
If yes, please attach schedule of Contractors' Equipment Property application.

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 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.

Date: \_\_\_\_\_

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