



Residential Builders Risk Application

Risk-Can Underwriting Managers

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SECTION 1: GENERAL INFORMATION

- 1. Name of Applicant:
2. Name of Principle:
3. Mailing Address of Applicant:
4. Location of Risk under Construction:
5. Phone: Fax: Email:
6. Mortgagee & Address:

SECTION 2: BUILDING INFORMATION

- 1. Date construction Started:
2. No. of months required:
3. Dwelling Type: Single Family Duplex Triplex Fourplex
4. Construction Type: Frame Log Completed & Vacant
5. Built by: Contractor Owner
6. Town Grade: 1 - risk is within 8kms of a responding fire hall and 300m (1000') of a functional hydrant connected to the municipal water service.
2 - risk is within 8kms of a responding fire hall.
3 - risk is over 8kms of a responding fire hall.
7. Building Limit:
8. Deductible: \$1,000 \$2,500
9. Earthquake Coverage Required (10% Deductible)? Yes No
10. Flood Coverage Required (\$10,000 Deductible)? Yes No
11. CGL Occurrence Limit (Aggregate Limit = Occurrence Limit + \$1,000,000):
\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

SECTION 3: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected. Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

APPLICANT'S NAME (PLEASE PRINT) SIGNATURE OF APPLICANT DATE (MM/DD/YYYY)