

**EXECUTIVE HOMEOWNERS BUILDERS RISK
APPLICATION**

COVERAGE REQUESTED

- CONTRACT WORKS
- IN TRANSIT MATERIALS

APPLICATION ATTACHED

- YES NO
- YES NO

APPLICATION MUST BE ACCOMPANIED BY SITE PLAN

GENERAL INFORMATION

1. Name and Address of Applicant: _____

2. Named Insureds (list): _____

3. Name of Project: _____

4. Address/Location of Project: _____

5. Description of Project: _____

6. Total Project Value: _____ (attach breakdown in values)

Hard Costs: _____ (labour, materials, professional fees that form part of the project)

Soft Costs: _____ (Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying costs.)

Details on soft costs: _____

7. Project Participants:

Owner: _____

Project/Construction Manager: _____

General Contractor: _____

Prime Architectural/Engineering Consultant: _____

Geo-technical Engineer: _____

8. Construction Period: From _____ To _____

Policy Term: From _____ To _____

9. Construction Details:

Height of Structure Stories Metres
Below Grade: _____ _____
Above Grade: _____ _____

Total Building Area: _____ sq. metres

Foundation: _____

Framework: _____

Beams or girders with spans > 25 metres? Yes No

Exterior Walls: _____

Roof: Structure _____ Covering _____

Floors: Structure _____ Covering _____

10. Adjacent Structures: (attach site plan if available)

	Type of Construction	Occupancy	Distance
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

11. Location Information:

(a.) Distance to nearest Fire Department _____

(b.) Name of City or Town providing protection _____

(c.) Hydrants (operational) _____ Number within 1,000 ft. _____

(d.) Describe private fire protection _____

(e.) Will the project be sprinklered? Yes _____ No _____

If so, at which time will the sprinkler system be in operation? _____

12. Site Security:

Fencing Yes No Details: _____

Watchman Service Yes No Details: _____

13. Neighbourhood (describe): _____

14. Is the project a renovation /alteration /addition? Yes No

If yes, provide details on existing property: _____

Is existing property to be covered by this policy? Yes No

Describe how fire protection systems will be maintained: _____

15. Subsurface Operations:

Describe nature, duration, value and relationship to both the project and to adjacent properties.

Blasting: _____

Shoring: _____

Pile Driving: _____

Underpinning: _____

Excavation: _____

16. Project Manager/General Contractor/Owner Experience:

Experience in this type of work: _____

17. Gross construction project losses over last 3 years: _____

18. Attachments:

Breakdown of Values for various structures and type of work: Yes No

Site Plan: Yes No

Construction Schedule: Yes No

Geo-technical Report: Yes No

The undersigned declares that all statements made in this Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis for the contract, should the policy be issued.

Information provided by

Title

Signature

Date

Broker: _____

Email: _____

Address: _____

Telephone: _____ Fax: _____