



[Construction Application]

BUILDERS RISK APPLICATION – RESIDENTIAL



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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Mortgagee: _____

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years for either the Owner, Developer or General Contractor and state the date and value of each loss, before the deductible (if any) was applied:

Have you ever had insurance refused or cancelled? Yes No
If yes, please explain:

Yes

No

Yes

No

PART 2 PROJECT INFO

Risk Location Address: _____ Postal Code: _____

Description of Project: House Duplex Triplex Other (Describe): _____

New Construction? Yes No Renovation? Yes No **If Yes, please attach our Renovation Supplement**

Is this a Modular Unit or Prefabricated Home? Yes No If Yes, provide details of transportation and "hoist" exposures below:

Pre-Sold / Owner occupied Speculation Finished Building Area (Sq Ft): _____ No. of Stories: _____

PART 3 GENERAL CONTRACTOR INFORMATION

Name (If not Insured): _____

Experience: Very Experienced Experienced Limited Experience Unknown

Number of Years in Business: _____ Current Insurer: _____

Last 3 Projects (including value and type of construction): _____

PART 4 CONSTRUCTION INFORMATION

Exterior Walls: Wood Non Combustible Other, please explain: _____

Siding: Wood Brick Vinyl Other, please explain: _____

Floors: Wood Non Combustible Other, please explain: _____

Roof Type: Shake Metal Asphalt Shingle Tar & Gravel Torch on Membrane EDPM (no heat application)
Other (describe): _____

Foundation: Concrete Other, please explain: _____

Has framing for foundation started? Yes No If "Yes", when? _____

Nature of Ground: Flat Hillside Swampy Other, please explain: _____

Soil Type on Building Site: Shale Sand Rock Filled Ground Other, please explain: _____

Any Hot Tar Roofing: Yes No Any Torch-On Application: Yes No

Any Blasting/Shoring/Piling/Underpinning: Yes No If Yes, please provide details below: _____

Please confirm whether there are any other "Frame" construction projects underway, located within 250 feet of this project: Yes No

If "Yes" to above, please provide a general Description of Project (i.e. Dwelling, Townhomes or Condominiums etc), height and approximate distance:

Description: _____ Height (# Storeys): _____ Distance Separated: _____ (Feet)

PART 5 SITE PROTECTION INFORMATION

Hydrant Protected: Yes No Distance to Fire Hall: _____ Km.

Private fire protections (sprinklers/extinguishers/water tanks etc): _____

Type of Neighborhood: Residential Commercial Other, please explain: _____

Site Security: Is the Site Fenced? Yes No Monitored Alarm at lock up? Yes No

PART 6 COVERAGE INFORMATION

Perils Required: All Risk Fire/EC Flood Earthquake

Contract Period: _____ Months. Required Effective Date: _____

Hard Costs: \$ _____ (Replacement Cost To Rebuild)

Soft Costs: \$ _____ (Finance Costs, Leasing and Marketing Expense, Legal/Accounting Expense)

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

Misc. Extensions: \$ _____ Deductible: _____

Limit of Liability (Premises Liability/Owners Protective): _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: