



**GROUPONE INSURANCE SERVICES**

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**www.grouponeis.com**

**BUILDERS RISK APPLICATION**

**BROKERAGE:**

Broker contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURED:**     Individual     Partnership     Corporation     Joint Venture

Full Legal Name of Applicant: \_\_\_\_\_

Name of Property: \_\_\_\_\_

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

Has the principal or any active partner filed for bankruptcy?     Yes     No    If yes, provide details: \_\_\_\_\_

Loss Payee / Mortgagee / Additional Insured (include name & address):

1. \_\_\_\_\_
2. \_\_\_\_\_

**INSURANCE EXPERIENCE:**     New Business     Renewal

Existing Insurer: \_\_\_\_\_ Target Premium Required: \_\_\_\_\_

Renewal Offered:     Yes     No    If not, why? \_\_\_\_\_

Have you had any insurance refused or cancelled within the past 5 years?     Yes     No

If yes, please explain: \_\_\_\_\_

**LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:**

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

**PROJECT INFORMATION:**

Name of Property Owner: \_\_\_\_\_

Project / Risk Location: \_\_\_\_\_

Name of Project Manager / General contractors: \_\_\_\_\_

Details of Construction Project ( i.e. Houses, Condo's etc): \_\_\_\_\_

Is there a Heritage Building or Site?  Yes  No

New Construction:  Yes  No

Renovation:  Yes  No

If yes, please provide a complete description of the renovation work, cost and value of existing structure:

Details of funding for construction project: \_\_\_\_\_

Proposed Starting Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Name of General Contractor (if not Insured): \_\_\_\_\_

Number of years in the business: \_\_\_\_\_

Experience:  Very Experienced  Experienced Limited Experience  Unknown

Does the General Contractor have CGL Insurance?  Yes  No

Existing Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

List Project Managers/General Contractors 5 largest projects in the last 5 years (including Name/Type/Location/Value):

Sub-Contractors in use:  Yes  No If yes, provide further details: \_\_\_\_\_

Geotechnical Engineer: \_\_\_\_\_

**SUB-CONTRACTOR INFORMATION:**

Do you check for previous experience and history of all sub-contractors?  Yes  No

Do you insist on written contracts with all sub-contractors?  Yes  No

Do all sub-contractors carry a minimum of \$1M CGL coverage?  Yes  No

Do you have your own panel/list of approved sub-contractors?  Yes  No

If any of the above questions are answered "No", please provide an explanation:

**CONSTRUCTION DETAILS:**

Height of Structure: \_\_\_\_\_ Stories      Total Area: \_\_\_\_\_ Sq.Ft.      \_\_\_\_\_ Sq.M

Construction Materials: Exterior Walls: \_\_\_\_\_  
Siding: \_\_\_\_\_  
Floors – Structure & Covering: \_\_\_\_\_  
Roof – Structure & Surfacing: \_\_\_\_\_  
Foundation (each structure): \_\_\_\_\_

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

Any blasting/underpinning/piling:       Yes    No      Any Shoring       Yes    No

If yes, provide explanation: \_\_\_\_\_

Any potential exposure to any adjacent structures from excavating:       Yes    No

If yes, describe adjacent structure (Type of construction, occupancy and distance): \_\_\_\_\_

Has a geotechnical report been completed?       Yes    No

If no, provide explanation: \_\_\_\_\_

Will the project be in compliance with the geotechnical recommendations?       Yes    No

If modifications, provide explanation: \_\_\_\_\_

If a copy of the geotechnical report summary and recommendations are not available, please describe the soil conditions:

Will the following be used:       Tarpaulins       Plastic Weather Enclosures       Straw  
    Scaffolding       Wood Boarding       Cranes

Is there a daily "Clean-Up" program?       Yes    No      Is refuse burned on site?       Yes    No

Any use of highly flammable or explosive materials to be present on site:       Yes    No

If yes, explain: \_\_\_\_\_

**TESTING:**

Electrical / Mechanical breakdown during commissioning:       Yes    No      Number of weeks: \_\_\_\_\_

Who will perform the testing operations: \_\_\_\_\_

Describe the operations involved in testing and commissioning:

**SITE PROTECTION:**

Will the hydrants be operational from the commencement of framing?  Yes  No

If no, explain: \_\_\_\_\_

Hydrant Protected:  Yes  No Distance to Fire Hall: \_\_\_\_\_ km  Volunteer  Fully Paid

Private Fire Protection:  Sprinklers  Extinguishers  Water Tanks  Stand Pipe & Hose

Will access roads be maintained to permit emergency vehicles access to site and hydrants at all times after commencement of framing operations?  Yes  No

If no, explain: \_\_\_\_\_

Additional Hazards: Winter heating conditions (type of heater): \_\_\_\_\_

Explosion (details of highly flammable or explosive materials present on site): \_\_\_\_\_

Type of Neighbourhood:  Residential  Commercial  Mixed  Other

Crime:  Low Crime  High Crime  Declining  Improving  Other

Distance to closest occupied area in feet: \_\_\_\_\_

Are you able to view the project from the road?  Yes  No

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

Patrol Service  Yes  No Video Surveillance  Yes  No

Site Lighting: Is site well lit:  Yes  No Additional lighting dusk to dawn:  Yes  No

On Site Watchman Service (fulltime 24/7):  Yes  No

If yes, explain: \_\_\_\_\_

**COVERAGE REQUIREMENTS**

Contract Period: \_\_\_\_\_ Months

Required Effective Date: \_\_\_\_\_

Start date of foundation: \_\_\_\_\_ Months

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

Delayed Opening: \$ \_\_\_\_\_

Limit per month: \$ \_\_\_\_\_

Indemnity Period: \_\_\_\_\_ Months

If flood is required: Distance From nearest body of water: \_\_\_\_\_

Height above body of water: \_\_\_\_\_ Nearest Body of Water: \_\_\_\_\_ Distance: \_\_\_\_\_

Any past flood history at the project site:  Yes  No

If yes, explain: \_\_\_\_\_

Height of project during and after excavation from surface water: \_\_\_\_\_

Describe precautions to be taken to prevent damage from flood: \_\_\_\_\_

What is being done to prevent run-off damage: \_\_\_\_\_

Is it in a Federal Flood Zone?  Yes  No

Total Estimated Project Value (plus breakdown if applicable): \_\_\_\_\_

Hard Costs (labour, materials, professional fee to enter into and form part of the project): \_\_\_\_\_



**BROKER DECLARATION**

Is this account NEW to your office?  Yes  No If no, how long have you known the applicant?  
Is the applicant financially sound?  Yes  No Have you personally seen this property?  Yes  No  
Do you recommend this applicant?  Yes  No Is the property for sale?  Yes  No  
Comments: \_\_\_\_\_

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Broker/Producer & Brokerage: \_\_\_\_\_

**DISCLAIMER**

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application 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) Provides 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 BETWEEN THE INVOLVED PARTIES.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_