

BUILDERS RISK APPLICATION

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 and state the date and value of each loss, before the deductible (if any) was applied:

Have you ever had insurance refused or cancelled? No Yes

If yes, please explain: _____

PART 2: PROJECT INFORMATION

Risk Location Address: _____ Postal Code: _____

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

New Construction? No Yes

Anticipated Start Date: _____

Renovation? No Yes

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

Age of building if not new construction : _____

Type & Updates: Plumbing Electrical Roofing

Pre-Sold / Owner occupied Speculation

PART 3: GENERAL CONTRACTOR INFORMATION

Name (If not Insured):_____

Years of Experience of General Contractor (number of years in business):_____

Does General Contractor Carry Insurance: No Yes

Do All Subcontractors carry insurance: Yes No

Number of Years in Business:_____ **Current Insurer:**_____

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: Wood Non Combustible Tar & Gravel Shake Other, please explain: _____

Foundation: Concrete Other, please explain: _____

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

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

Any Blasting/Piling/Underpinning: No Yes If yes, please explain:_____

PART 5: COVERAGE INFORMATION

Perils Required: All Risk Earthquake Flood

Contract Period:_____Months **Required Effective Date:** _____

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

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

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

COMPLETE THIS SECTION IF THE PROJECT HAS ALREADY COMMENCED

Along with this Supplemental Application, please provide the following:

- **Photographs of existing structure**

GENERAL INFORMATION

REQUIRED INFORMATION

Is this applicant a current client of your brokerage? Yes No

What was the date framing for the foundations was started? _____

Why was insurance not placed at the time construction started? _____

Are there any known or reported claims or losses to this project? _____

Are there any potential liens on the property? No Yes

Any changes in the financial status of the contractor or site owner? _____

On what date did the municipality issue the building permit? _____

Declaration

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purpose 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.

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.

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by Insure BC Underwriting Services Inc.

Applicant's signature: _____

Applicant's Name: _____

DATE: _____