

# Builders Risk Insurance – Questionnaire

**Project type:** New Construction  Installation  Renovation  Building Extension

1. **General Information**

- a. Legal Name of Owner(s) \_\_\_\_\_
- b. Legal Name of General Contractor \_\_\_\_\_
- c. Project Name \_\_\_\_\_
- d. Occupancy when completed \_\_\_\_\_
- e. Mortgage Details \_\_\_\_\_
- f. Name of Architect/Engineer and/or Mechanical/Structural Consultants:  
\_\_\_\_\_

2. **Project Site**

- a. Legal Address \_\_\_\_\_
- b. Nature of Ground  Flat  Hillside  Hilly  Swampy  Other
- c. Soil  Shale  Sand  Rock  Filled Ground  Other
- d. Has a geo-technical report been completed?  No  Yes  
If yes, attach copy of report summary and recommendations.
- e. Public Fire Protection\*  Protected  Unprotected

**\* Fire Protection Classification**

**Protected** – means “project site” within 3 miles of a responding fire hall and within 500 feet of a working public fire hydrant.

**Unprotected** – means “project site” which do not conform to the above “Protected”

3. **Total Insured Value**

- a. Estimated completed contract price \$ \_\_\_\_\_
- b. Other Property to be insured: \$ \_\_\_\_\_  
If coverage is required to existing structure, equipment to be furnished by the owner, etc., detail age, construction, condition, occupancy of such property.  
\_\_\_\_\_
- c. Sub limits: Transit \$ \_\_\_\_\_  
Offsite \$ \_\_\_\_\_
- d. Delayed Start Up: Type of Income \_\_\_\_\_ Limit: \$ \_\_\_\_\_
- e. Soft Costs: \$ \_\_\_\_\_  
If soft costs/delayed start-up coverage is required, please detail:
  - i. Scheduled Completion Date: \_\_\_\_\_
  - ii. Anticipated replacement times for key items: \_\_\_\_\_

4. **Deductible desired**  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_

5. **Contract Period**

- a. Number of months \_\_\_\_\_ Effective Date: \_\_\_\_\_
- b. Periods of partial occupancy \_\_\_\_\_
- c. Percentage of work subcontracted? \_\_\_\_\_
- d. Coverage required for sub-contractors:  No  Yes  
If yes, attached list of subcontractor, stating number of years experience and five years loss history. If no, are certificates of insurance obtained? \_\_\_\_\_  
What is the minimum limit of liability requested? \_\_\_\_\_

6. **Testing** Describe, in detail, any testing that will be performed and by whom:  
\_\_\_\_\_  
\_\_\_\_\_

7. **Project Details**

- a. Height of structure:    Storeys    Feet or Metres  
 Below Grade    \_\_\_\_\_  
 Above Grade    \_\_\_\_\_
- b. Total Area (indicate Sq. feet or Sq. Metres): \_\_\_\_\_
- c. Type of foundation \_\_\_\_\_
- d. Construction materials:  
 i. Exterior Walls \_\_\_\_\_  
 ii. Framework \_\_\_\_\_  
 iii. Floors structure and covering \_\_\_\_\_  
 iv. Roof structure and surfacing \_\_\_\_\_
- e. Any unusual or experimental features in construction or design? (Attach information)  
 \_\_\_\_\_
- f. Subsurface Operations: Describe nature, duration, value and relationship to both the project and to adjacent structures:  
 i. Blasting \_\_\_\_\_  
 ii. Shoring \_\_\_\_\_  
 iii. Pile Driving \_\_\_\_\_  
 iv. Underpinning \_\_\_\_\_  
 v. Dewatering (e.g. number of pumps) \_\_\_\_\_
- g. Forms and form supports:       Wood forms/support      Period of usage: \_\_\_\_\_  
     Steel forms/support      Period of usage: \_\_\_\_\_
- h. Temporary heating type: \_\_\_\_\_
- i. Type of insulation: \_\_\_\_\_
- j. Demolition details: \_\_\_\_\_
- k. Will the following be used?  tarpaulins                           plastic weather enclosures                           straw  
     wood boarding                           scaffolding                           cranes
- l. Asbestos, lead or urea formaldehyde foam abatement                           No    Yes, describe:  
 \_\_\_\_\_

### 8. **Hazards/Exposure**

- a. Flood/surface water  
 i. Nearest body of water:          Name: \_\_\_\_\_ Distance: \_\_\_\_\_  
 ii. Past flood history at site: \_\_\_\_\_  
 iii. Height of project above nearest body of water: \_\_\_\_\_  
 iv. What is being done to prevent run-off damage? \_\_\_\_\_
- b. Describe precautions, if any, taken to prevent Windstorm, Ice and/or Sleet damage to project. \_\_\_\_\_
- c. Transit (Provide details of exposure – point of origin of key items) \_\_\_\_\_
- d. Adjacent Structures (Type of Construction, occupancy and distance)  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. Connecting/Surrounding exposures:    shafts, tunnels or walkways                           bush  
     existing structures

### 9. **Special Precautions**

- a. Security:    Site fenced    Patrol service    Video surveillance    Lighting  
     Other (describe): \_\_\_\_\_  
 (Attached a copy of the contract for Patrol and Video surveillance services)
- b. Is entry to site possible only with an authorized person? If no, explain  
 \_\_\_\_\_
- c. Fire: (Describe private protection during construction)  
     Standpipe and Hose system                           Portable fire extinguisher    Sprinkler system  
     Hot work permit system                           Hydrants
- d. Flood:     Sand bags    Skids or pallets (4'')                           Pumps
- e. Explosion: (Detail use of any flammable liquids, gases or explosive materials to be present on site) \_\_\_\_\_
- f. Is there a "daily clean up" program? \_\_\_\_\_

g. Is refuse burned on site?  Yes  No

**10. Scope of coverage desired**

- a.  Broad Form  Comprehensive Form  Other (describe) \_\_\_\_\_  
b. Flood:  Yes  No Deductible \$ \_\_\_\_\_  
c. Earthquake  Yes  No Deductible \$ \_\_\_\_\_  
d. Testing of Equipment  Yes  No Deductible \$ \_\_\_\_\_  
e. Delayed Start-up  Yes  No Deductible \$ \_\_\_\_\_  
f. Other coverage  Yes  No Deductible \$ \_\_\_\_\_

**11. Loss History (Previous Five Years)**

Describe all Builders Risk losses sustained during the past five (5) years by the Owner/General Contractor:

Date of Occurrence	Description	Amount of Loss

**12. General Contractor's Experience (Complete if not currently insured by Aviva Canada):**

- a. Number of years in business: \_\_\_\_\_  
b. Bonded  Yes  No  
c. List similar projects in the past five (5) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Supporting Business (Other Aviva Canada policies including any liability or wrap-up coverage) #:**

\_\_\_\_\_

**14. Please attach the following:**

- a. Site Plan  
b. Schedule of Construction  
c. Schedule indicating Build-up of Construction values (Construction budget sheet)  
d. Structural plans & specifications

The completion of this Questionnaire does not bind Aviva Canada Inc., nor does it obligate the applicant to purchase this insurance.

Prepared by [Please Print] \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Position \_\_\_\_\_

(Indicate if Applicant: Owner, General Contractor, Engineer, Architect etc.)

Phone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Broker \_\_\_\_\_

Date \_\_\_\_\_