

Builders Risk - Projects Already Commenced

ATTACH TO BUILDERS RISK APPLICATION

1. Name of Applicant: _____
2. Framing for Foundations Start Date: _____
3. Please provide photographs of the building (inside and outside) showing the construction started to date **(mandatory for quote)**.
4. Why was insurance not placed at the time construction started?

5. Are there any potential liens on the property? Yes No
6. Are there any known or reported claims/losses to this project? Yes No
7. Any changes in the financial status of the contractor or site owner? Yes No
8. Name of General Contractor: _____
It is mandatory that they carry their own liability insurance policy.
9. Does the existing building currently contain property (i.e. furniture and contents)? Yes No
There is no contents coverage available on this policy.

OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:



Applicant's Name (Please print)	Title/Position
Signature of Applicant	Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____	Brokerage Name: _____
Email: _____	Address: _____
Phone: _____	City / Province: _____
Fax: _____	Postal Code: _____

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