

Providing detailed information and submission of all documents/plans requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

- 1) Site Plan indicating distance, construction and occupancy of exposure
- 2) Summary and Recommendations for the Geotechnical Report
- 3) Breakdown of Values for the various structures and types of work
- 4) Copy of the Insurance Section(s) from the Contract Specifications (if available)
- 5) Construction Schedule

**PART 1** GENERAL INFORMATION

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Mortgagee: \_\_\_\_\_

LOSS EXPERIENCE: \_\_\_\_\_

Describe any losses having occurred in the past 5 years and state the date and value of each loss:

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

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

\_\_\_\_\_

**PART 2** PROJECT INFORMATION

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

Name of Project Manger / General Contractors: \_\_\_\_\_

Risk/Project Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

New Construction?  Yes  No Description of Project: \_\_\_\_\_

Renovation?  Yes  No

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

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

Number of Stories: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

If more than one building, please advise the value of each building and distance between each building:

\_\_\_\_\_ Site Plan attached:  Yes  No

**PART 3 CONSTRUCTION INFORMATION**

**SUBMIT**

Exterior Walls:  Wood  Non Combustible  Fire Resistive  Other, please explain: \_\_\_\_\_

Siding:  Wood  Non Combustible  Fire Resistive  Other, please explain: \_\_\_\_\_

Floors:  Wood  Non Combustible  Fire Resistive  Other, please explain: \_\_\_\_\_

Roof:  Wood  Non Combustible  Fire Resistive  Other, please explain: \_\_\_\_\_

Foundation (for each structure):  Concrete  Other, please explain: \_\_\_\_\_

Underground Parking?  Yes  No If Yes, confirm number of stories and construction: \_\_\_\_\_

Nature of Ground:  Flat  Hillside  Swampy  Other, please explain: \_\_\_\_\_

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

Will the project be sprinklered?  Yes  No If yes, at what time will the sprinkler system be in operations: \_\_\_\_\_

What "firebreaks" are proposed? \_\_\_\_\_

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, please advise reasons: \_\_\_\_\_

Will fire hydrants be operational from commencement of framing? If no, please advise reasons:  Yes  No

Has a geotechnical report been completed? If no, please advise reasons:  Yes  No

Will the project be in compliance with the geo-technical recommendations? If modifications, please describe in detail:  Yes  No

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

**PART 4 ADJACENT STRUCTURES (ATTACH SITE PLAN IF AVAILABLE)**

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE (FEET)
NORTH			
EAST			
SOUTH			
WEST			

**PART 5 GENERAL CONTRACTOR**

**SUBMIT**

Name of General Contractor (If not Named Insured): \_\_\_\_\_ Is the General Contractor bonded?  Yes  No

Experience:  Very Experienced  Experienced  Limited Experience  Unknown

Does the General Contractor have CGL Insurance?  Yes  No If yes, who is the insurer: \_\_\_\_\_

Is the General contractor a member of the Home Builder’s Association?  Yes  No

List Project Manager’s / General Contractor’s 5 largest projects in the past 5 years (including Name / Type / Location / Value):

**PART 6 SITE PREPARATION**

Is any blasting or demolition involved?  Yes  No

If yes, will operations be completed prior to commencement of  Yes  No

project?Is shoring, underpinning, blasting or pile driving involved?  Yes  No

If yes, please provide the nature, duration, value and relationship to both the project and to adjacent structures: \_\_\_\_\_

Any potential exposure to adjacent structures from excavating?If yes, explain:  Yes  No

**PART 7 SUBCONTRACTORS**

Name of Architecture Firm: \_\_\_\_\_

Name of Engineering Firm: \_\_\_\_\_

Do you check for previous experience and history of all  Yes  No

subcontractors?Do you insist on written contracts with all  Yes  No

subcontractors?  Yes  No

Do all subcontractors carry a minimum of \$1M CGL coverage?

**PART 8 TESTING**

Electrical / mechanical breakdown during commissioning?Who  Yes  No Number of Weeks: \_\_\_\_\_

will perform the testing operations? \_\_\_\_\_

Describe the operations involved in testing and commissioning: \_\_\_\_\_

Will the project involve installations of any used equipment?  Yes  No If yes, explain: \_\_\_\_\_

**PART 9 SITE PROTECTION INFORMATION**

Hydrant Protected (operational):  Yes  No Distance to Fire Hall: \_\_\_\_\_ km  Volunteer  Paid

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

Site Lighting: Is the site well lit?  Yes  No Is additional lighting provided from dusk to dawn?  Yes  No

Distance to closest occupied are in feet? \_\_\_\_\_ Is the project viewable from the road?  Yes  No

If no, please describe other security measures being taken: \_\_\_\_\_

On site Watchman Service (full-time – 24/7):  Yes  No Security Patrol:  Yes  No

Any use of highly flammable or explosive materials to be present on site? If yes, explain:  Yes  No

**PART 10 FLOOD EXPOSURE**

Nearest body of Water: Name: \_\_\_\_\_ Distance: \_\_\_\_\_

Any past flood history at project site? If yes, explain:  Yes  No

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? \_\_\_\_\_

**PART 11 LIABILITY INFORMATION**

Does the project attach to or communicate with an existing structure?  Yes  No If yes, please provide the following:

a) Manner in which structures will connect to communicate: \_\_\_\_\_

b) Occupancy of existing structure during construction: \_\_\_\_\_

c) Business Interruption/Loss of use for damages to existing structure: \_\_\_\_\_

d) Is coverage required for damage to existing structure?  Yes  No If yes, value of existing structure: \_\_\_\_\_

If any portion of the project will be occupied prior to the completion, provide details (ie. Period, Extent and Nature of occupancy): \_\_\_\_\_

Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring and underpinning): \_\_\_\_\_

Detail exposures to utilities, including relocation thereof (both below and above grade): \_\_\_\_\_

Describe any offsite operations or locations, which requires insurance: \_\_\_\_\_

Provide details of LOSS CONTROL PROGRAM to be implemented to protect other from operations (ie. traffic control, reconstruction, surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1) BUILDERS RISK COVERAGE

Perils Required:  All Risk  Fire/EC  Flood  Earthquake  By-Laws  Deductible: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Months Required Effective Date: \_\_\_\_\_

Start Date of foundations: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Hard Costs: \$ \_\_\_\_\_ (Replacement Cost To Rebuild: Labour, materials, professional fees etc)

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

Delayed Opening: \$ \_\_\_\_\_ Limit per month \$ \_\_\_\_\_ month(s) indemnity period? \_\_\_\_\_

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

Any Miscellaneous Property to be insured?  Yes  No (see below for optional extensions)

Offsite locations: Please list locations, details operations and maximum value at each:

Transit Coverage: Please advise point of origin, location where the insured accepts responsibility and limit required:

Other Property to be insured: If coverage is required for either (A) or (B) below, please provide detail age, construction, condition and occupancy of such property:

A) Existing Building: \$ \_\_\_\_\_

B) Temporary buildings, scaffolding, falsework, forms and hoarding: \$ \_\_\_\_\_

2) WRAP UP LIABILITY COVERAGE

Completed Operations Period:  12 months  24 months

Limit(s) of Liability Insurance required: \$ \_\_\_\_\_ Deductible Requested: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_ Deductible Requested: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_ Deductible Requested: \$ \_\_\_\_\_

**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: \_\_\_\_\_