

## **Commercial Builders Risk**



k	SECTION 1: GENERAL INFORMATION				
1.	Name of Applicant:				
2.	Principal:				
3.	Mailing Address of Applicant:				
4.	Name of Project:				
5.	Location of Risk under Construction:				
6.	Phone: Fax: Email:				
k	SECTION 2: CONSTRUCTION INFORMATION				
1.	Date Construction Started:				
2.	Number of Months Required:				
3.	. Occupancy when Completed:				
4.	. Building Details:				
	Number of Storeys above Grade:				
	Total Height of Building: feet meters				
	Number of Storeys below Grade (i.e. basements):				
	Total Depth of "Basements":				
	Total Square Footage:				
5.	. Construction Details:				
	Foundation:				
	Studs: Wood Metal				
	Exterior Walls: Wood Concrete Blocks Poured Concrete Brick Veneer				
	Other, please describe:  Interior Walls: Drywall Concrete Blocks Wood Panelling				
	Interior Walls: Drywall Concrete Blocks Wood Panelling Other, please describe:				
	Floors: Wood Poured Concrete				
	Other, please describe:				
	Roof: Wood Joist Steel Deck Poured Concrete				
6.	Town Grade:				
	Risk is within 8kms of a responding fire hall and 300m (1000ft) of a functional hydrant connected to the municipal water service.				
	Risk is within 8kms of a responding fire hall.				
	Risk is over 8kms from a responding fire hall.				





7.	Contractor's Name (If not Insured):				
	Number of Years in this Industry:  Any losses within the past 5 years?   Yes   No				
	If yes, please provide details:				
	SECTION 3: COVERAGES				
1. Total Insured Value (TIV): Broad Form Named Peri					
	Structure:				
	Interior Finishing:				
	Mechanical/Electrical:				
	Value below Grade:				
	Other (Contingencies, etc.): Please describe:				
	Soft Costs:  Please describe:				
2.	. Deductible: \$1,000 \$2,500 \$5,000 Other:				
3.	Earthquake Coverage Required (10% Deductible)? O Yes O No				
4.	Flood Coverage Required (\$10,000 Deductible)? O Yes No				
5.	. CGL Occurrence/Aggregate Limit:				
	\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000				
<b>k</b>	SECTION 4: SAFETY & PRECAUTIONS				
1.	Is the construction site fenced?				
2.	Is the construction site lighted at night?				
3.	Does the construction site have a standard watchman?  Yes No				
4.	Are there fire hoses during construction?				
5.	Are there portable fire extinguishers during construction? O Yes O No				
<b>L</b>	SECTION 5: LOSS HISTORY				
Claims Experience. Please describe all liability losses or incidents paid, or reserved, since the Insured has been					
working in his field (include dates and amounts):					





■ SECTION 6: OTHER INFORMATION					
Please provide any other information you feel would assist in the evaluation of your application:					
► SECTION 7: DECLARATION					
It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.  I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that					
the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.					
Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.					
Applicant's No	Applicant's Name (Please print)				
Signature of Applicant		Date (MM/DD/YYYY)			
BROK	ER CONTACT INFORMATION				
Agent Name:	Brokerage Name:				
Email:	Address:				
Phone:	City / Province:				
Fax:	Postal Code:				





RiskCan.ca