



Project Type: [] New Construction [] Installation [] Renovation [] Building Addition

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) Civic 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? If yes, attach copy of report summary and recommendations Yes ___ No ___
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.

- e) Sub limits Transit: \$
Offsite \$
f) Delayed start up: Type of Income Limit: \$
g) 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 sub-contracted: %
d) Coverage required for sub-contractors? If yes, attach list of sub-contractors, stating number of years experience and 5(five) years loss history. Yes ___ No ___
If no, are certificates of insurance obtained? Yes ___ No ___
What is the minimum limit of liability requested of subtrades? \$

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.ft or sq.m) _____ sq ft/sq.m _____
- 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)
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- 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/supports Period of usage: _____
 Steel forms/supports 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. If yes, describe: Yes ___ No ___

8. Hazards/Exposures

- 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 a/o sleet damage to project:
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- 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) _____
- (attach 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 Yes ___ No ___
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- 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:

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

13. Supporting Business:

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

Completion of this questionnaire does not bind the insurer, nor does it obligate the applicant to purchase this insurance.

Prepared by (please print) _____

Signature of applicant _____

Position: (indicate if applicant is owner, general contractor, engineer, architect etc.)

Phone: _____ Fax: _____ e-mail _____ Website _____

Broker: Brownridge & Company Insurance Services Inc. Date _____