



[Construction Application]

BUILDERS RISK SUPPLEMENTAL QUESTIONNAIRE Renovations



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

BUILDERS RISK SUPPLEMENTAL QUESTIONNAIRE-Renovations

Supplemental Questionnaire must accompany a completed Builders Risk Application

1) Project Description: _____

2) Value of Existing Building: _____

Value of Renovation Work: _____

3) (a) Describe any structural support changes: _____

(b) If structural support changes, has a professional engineer or consultant approved these changes? Yes No

4) Describe the extent to which the building will be "guttled" prior to the renovation being started: _____

5) (a) Is the building sprinklered? Yes No

(b) Percentage of building sprinklered? _____ %

(c) Will a new sprinkler system be installed? Yes No

6) Any additional stories being added to the building? Yes No
If yes, please provide a copy of the structural engineering report

7) Age of the building: _____ Is it a Heritage Building? Yes No

8) Has or will a building permit be obtained for the renovation project? Yes No

9) Will the building be partially occupied during renovation activities? Yes No

10) Describe the percentage to which the following building systems will be replaced:

Plumbing: _____ % Electrical: _____ % Roof: _____ % Heating: _____ %

11) Square Footage of the finished area: _____ Square footage of the unfinished areas: _____

12) What amount of insurance was carried on the building in the last policy year: _____

13) Does the General Contractor/Renovation Contractor have CGL Insurance? Yes No

Miscellaneous underwriting information/comments: _____

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: