



[Construction Application]

## **BUILDERS RISK APPLICATION - COMMERCIAL**



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: [info@cansure.com](mailto:info@cansure.com) W: [www.cansure.com](http://www.cansure.com)

# BUILDERS RISK APPLICATION – COMMERCIAL

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

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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

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

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

### LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years for either the Owner, Developer or General Contractor and state the date and value of each loss, before the deductible (if any) was applied:

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Have you ever had insurance refused or cancelled?  Yes  No

If yes, please explain:

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## 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:

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Number of Stories: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_ Site Plan Attached?  Yes  No

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

\_\_\_\_\_ Finished Building Area (Sq. Ft.) \_\_\_\_\_

**\*If project value exceeds \$5M value, please provide Construction Schedule or Gantt Chart & Project Cost Breakdown for Hard and Soft Costs\***

**PART 3 CONSTRUCTION INFORMATION**

Exterior Walls:  Wood  Non Combustible  Fire Resistant  Mass Timber/CLT  Modular Units  Other (describe): \_\_\_\_\_

Siding:  Wood  Brick  Non Combustible  Other (describe): \_\_\_\_\_

Floors:  Wood  Non Combustible  Fire Resistant  Other (describe): \_\_\_\_\_

Roof Construction:  Wood  Steel Deck  Concrete  Other (describe): \_\_\_\_\_

Roof Finish:  Tar & Gravel  EPDM (No Heat)  Torch on Membrane  Asphalt Shingle  Other (please describe below): \_\_\_\_\_

Foundation:  Concrete  Other, please explain: \_\_\_\_\_

Has framing for foundation started?  Yes  No If "Yes", when? \_\_\_\_\_

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

Any Hot Tar Roofing:  Yes  No Any Torch On Application (roofing, patios, balconies, other?):  Yes  No

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

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

Is there a moisture management plan in place? (to prevent water ingress and mould)  Yes  No

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?  Yes  No If no, please advise reasons: \_\_\_\_\_

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

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

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			

Please confirm whether there are any other "Frame" construction projects underway, located within 250 feet of this project:  Yes  No

If "Yes" to above, please provide a general Description of Project (i.e. Dwelling, Townhomes or Condominiums etc), height and approximate distance:

Description: \_\_\_\_\_ Height (# Storeys): \_\_\_\_\_ Distance Separated: \_\_\_\_\_ (Feet)

**PART 5****GENERAL CONTRACTOR**

Name of General Contractor (If not 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: \_\_\_\_\_

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

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**PART 6****SITE PREPARATION**

Is any blasting or demolition involved?  Yes  No

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

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:

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

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**PART 7****SUBCONTRACTORS**

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

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

Do all subcontractors carry a minimum of \$1M CGL coverage?  Yes  No

Do you have your own panel/list of approved subcontractors?  Yes  No

Will the project be in compliance with the geo-technical recommendations?  Yes  No

If any of the above questions are answered "no" – please explain:

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If any 'torch-on membrane' or 'tar & gravel roofing' is done, provide name and experience of Roofer along with details of their valid CGL.

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**PART 8 TESTING**

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

Who 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(6 feet height)?  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

Monitored Electronic Security Systems:  Yes  No If Yes, provide details of installation specifications incl. site plan showing location of Video Camera placement

(a) Please provide name of Installer: \_\_\_\_\_

(b) Please provide name of Monitoring Company: \_\_\_\_\_

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

\_\_\_\_\_

**PART 10 FLOOD EXPOSURE**

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

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

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

Perils Required:  All Risk  Fire/EC  Flood  Earthquake  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: \$ \_\_\_\_\_

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