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APPLICATION – BUILDERS RISK (RESIDENTIAL & COMMERCIAL)

Please complete GENERAL INFORMATION section for ALL PROJECTS according to requirements.

SPECIAL NOTE: Each construction project presents unique exposures. Detailed information and submission of all documents/plans requested increases our efficiency and results in the most favourable terms. When available:

- (a) BREAKDOWN OF VALUES for the various structures and types of work;
- (b) SITE PLAN indicating distance, construction and occupancy of exposures;
- (c) SCHEDULE OF CONSTRUCTION;
- (d) SUMMARY and RECOMMENDATIONS for the GEOTECHNICAL REPORT;
- (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES;

GENERAL INFORMATION:

Name of Applicant: _____

Address of Applicant: Street _____

(Mailing address) City _____

Province _____ Postal code _____

1. NAME OF PROJECT: _____

2. ADDRESS/LOCATION OF PROJECT:

3. DESCRIPTION OF PROJECT:

4. PROJECT PARTICIPANTS (NAMES)

Owner: _____

Project/Construction Manager: _____

General Contractor: _____

Prime Architectural/Engineering Consultant: _____

Geotechnical Engineer: _____

List of Sub-Contractors (or as attached):

5. SUB-CONTRACTORS

Does Applicant verify previous experience and history of sub-contractors? Yes No

Does Applicant require certificates of insurance from all sub-contractors of at least \$1MM? Yes No

6. CONSTRUCTION PERIOD:

From: _____ To: _____

7. CONSTRUCTION FEATURES:

Height of Structure

	STORIES	FEET/METRES
Above Grade		
Below Grade		

Total Area (indicate Sq. Feet or Sq. Metres): _____

Construction Materials: _____

Framework: _____

Exterior Walls: _____

Roof: Structure: _____ Covering _____

Floor: Structure: _____ Covering _____

8. ADJACENT STRUCTURES (attach site plan if available)

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE
North			
East			
South			
West			

9. SECURITY

Is Site Fenced? Yes No Height/Type: _____

Is Site Lit? Yes No

Watchman Service? Yes No Hrs/Rounds: _____

Video Surveillance 24hrs? Yes No

Alarm Intrusion Smoke Alarm Sounds to: _____

10. NEIGHBOURHOOD (Describe):

(b) What is the Applicant’s advertising spend for the next twelve months \$ _____

(c) Does the Applicant have a contract with an Advertising agency? Yes No

If Yes, do they provide insurance to protect their client’s interest? Yes No

If Yes , please specify: _____

11. SUBSURFACE OPERATIONS

Describe nature, duration, value and relationship to both the project and to adjacent structures.

Blasting: _____

Shoring: _____

Pile Driving: _____

Underpinning: _____

12. LIST PROJECT MANAGER'S / GENERAL CONTRACTOR'S FIVE (5) LARGEST PROJECTS IN THE PAST FIVE (5) YEARS:

NAME	TYPE	LOCATION	VALUE (\$100,000'S)

13. FINANCIALS

Does the General Contractor have a Performance Bond for this project? Yes No

Name of Surety Company: _____

Bond No.: _____

RISK DETAILS

1. TOTAL ESTIMATED PROJECT VALUE: \$_____ (Attach breakdown.)

Hard costs: \$_____ (Labour, materials, professional fees to enter into and form part of the project.)

Soft costs: \$_____ (Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying costs)

2. 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:

3. COVERAGES

	LIMITS	DEDUCTIBLE
Value of Project:	\$	\$
Other Property to be insured:	\$	\$
SUB-LIMITS	LIMITS	DEDUCTIBLE
Soft Costs (other than delayed start-up):	\$	\$
Delayed Start-up:	\$	\$
Offsite:	\$	\$
Transit:	\$	\$

Testing (electrical/mechanical breakdown during commissioning) _____ weeks \$_____

4. LIST OFF-SITE LOCATIONS AND MAXIMUM VALUE AT EACH:

LOCATION (NAME AND ADDRESS)	MAXIMUM VALUE
	\$
	\$

5. TRANSIT:

List key items (individual items over \$100,000 value) point of origin, location where responsibility is accepted (F.O.B.):

ITEM	POINT OF ORIGIN	F.O.B

6. TESTING:

(a) Who will perform testing operations?

(b) Describe operations involved in testing and commissioning:

(c) Will project involve installations of any used equipment? Yes No

7. LOCATION INFORMATION:

(a) Distance to nearest Fire Department: _____

(b) Name of City or Town providing protection _____

(c) Number of operational hydrants within 1,000 ft. (300m) _____

(d) Number of fire extinguishers situated on the construction site: _____

(e) Will the project be sprinklered? Yes No

8. CONSTRUCTION DATA:

(a) Has a geotechnical report been completed? Yes No If not, explain why:

(b) Will the project be constructed in compliance with geotechnical recommendations?

Yes No With Modifications

(c) If geotechnical report's summary and recommendations are not available, describe soil conditions:

(d) Type of foundation for each structure:

(e) Describe any special features (e.g. stained glass, glass curtain walls, artwork) to be incorporated or included:

9. FLOOD EXPOSURE:

(a) Nearest body of water: Name: _____ Distance: _____

(b) Past flood history at site:

(c) Height of project above maximum flood stage: _____

(d) Describe precautions to be taken to prevent damage from flood and to prevent run-off damage:

10. SITE RISKS:

Detail exposures from:

(a) Winter heating conditions (type of heaters): _____

(b) Explosion (detail use of any highly flammable or explosive materials to be present on site):

11. PROVIDE DETAILS OF LOSS CONTROL PROGRAM TO BE IMPLEMENTED TO PROTECT INSURED PROPERTY:

12. CLAIMS EXPERIENCE:

Detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the Participants listed in #4 (PROJECT PARTICIPANTS section) during the past five (5) years:

(Indicate date, amount, and nature of claim):

DATE	PARTICIPANT/NAME	NATURE OF CLAIM	AMOUNT
			\$
			\$
			\$
			\$
			\$

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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