



BUILDER'S RISK APPLICATION

Name of Owner(s): _____

Name of General Contractor: _____

Postal Address: _____

Name of Project: _____

Occupancy Type (when Completed): _____

Mortgage & Loss Payee:

Names of Architect, Engineer and/or Mechanical or Structural Consultants to this project:

PROJECT INFORMATION

Legal Address _____

Start Date of foundations: _____ Completion Date: _____

Ground (ex. Flat, Hillside, Other) _____

Soil (ex. Sand, Rock, Filled Ground, Other) _____

Has any geo-technical report been completed? Yes No

Public Fire Protection Protected Unprotected

* Classification

Protected – “project site” within 3 miles of a responding firehall and within 500 ft of a working fire hydrant

Unprotected – “project site” which does not conform to the definition of “Protected” above

TOTAL INSURED VALUE (TIV) INFORMATION

Structure \$ _____
Interior Finishing \$ _____
Mechanical/Electrical – new or used \$ _____
Value below Grade \$ _____
Sub Limits - Transit \$ _____ Offsite \$ _____ Other \$ _____
Delayed Start-up \$ _____

PROJECT PERIOD

Number of Months _____
Effective Date _____
Periods of Transport, Pre-Storage, Partial Occupancy _____
Percentage of Work Subcontracted to others % _____

UNDERWRITING INFORMATION

Describe, in detail, any testing that will be performed and by whom (i.e. soil tests & concrete tests):

Number of Stories above grade: _____ Height _____ Meters _____ Feet
Number of Basements: _____ Depth: _____ Meters _____ Feet
Dimensions of Grade Floor: _____
Total Square Footage: _____
Exterior Walls:
_____ Wood _____ Brick Veneer _____ Concrete Block _____ Metal _____ Poured Concrete
Other (describe) _____
Interior Walls:
_____ Wood Panels _____ Gypsum Boards _____ Concrete Blocks _____ Other (describe) _____
Studs:
_____ Wood Studs; or _____ Metal Studs
Foundation _____
Floors:
_____ Wood Planks or Panels _____ Poured Concrete _____ Other (describe) _____
Roof:
_____ Wood Joists _____ Steel Deck _____ Poured Concrete _____ Prefabricated Concrete Slabs
Is there Temporary Heating? _____ Yes _____ No If "Yes", Type of Heating System Used _____
Is there any Insulation? _____ Yes _____ No If "Yes", Type of Insulation Used _____
Excavation: _____ Blasting _____ Pile Driving _____ Underpinning _____ Dewatering (i.e. # of Pumps)
_____ Wood Forms/Supports Period of Usage _____
_____ Steel Forms/Supports Period of Usage _____

Asbestos Removal: _____ Yes _____ No Describe: _____

Distance From Nearest Body of Water _____

Name of Body of Water _____

What has been or will be done to Prevent Run-Off damage? _____

Is project located in a known Flood Zone? _____ Yes _____ No

Is project located in Earthquake Zone? _____ Yes _____ No

Windstorm (Describe precautions) _____

Surrounding Neighborhood and Occupancy (exposures and separation) _____

Does the project site have above ground / underground storage tanks or septic tanks? _____ Yes _____ No

If yes, does the project involve any tank upgrades or removal? _____ Yes _____ No

Are any of the following exposures located on site or in proximity of the project site: Operations relating to tank farm, oil & gas production, petro-chemical manufacturing, recycling depot, landfill or heavy manufacturing?

_____ Yes _____ No

Demolition Activities (if any, describe) _____

Security Precautions and Measures:

Is the Site Fenced? _____ Yes _____ No

Does the site have Lighting? _____ Yes _____ No

Is there a watchman or security on-site? _____ Yes _____ No

Is there any CCTV / Video Surveillance on site? _____ Yes _____ No

Other Security Precautions? _____

Is entry to site possible only by an authorized individual? _____ Yes _____ No

If No, explain reason _____

Describe private fire protection for site during construction:

_____ Fire Hose _____ Portable Fire Extinguisher _____ Other (describe) _____

Flood Protection: _____ Sand Bags _____ Skids or Pallets (4") Pumps

Is there a cleanup program? _____ Yes _____ No Describe: _____

Is refuse burned on site? _____ Yes _____ No

If "Yes", what distance from building(s) under construction _____

LIMITS / COVERAGE REQUIRED

Replacement Costs (Broad Form): \$ _____

**Replacement costs include rebuilding costs, labour costs & materials, Etc)*

Soft Costs: \$ _____

**Soft costs include financing Costs, Legal & accounting costs, Interest & Carrying Costs etc.)*

Deductible

_____ \$1,000 _____ \$2,500 _____ \$5,000

GENERAL CONTRACTOR INFORMATION

Name (If different from applicant) _____

Business Name (if company not individual) _____

Years In Business: _____

If less than 3 years in business, please describe prior experience: _____

Last 3 Projects (Value and Type): _____

Current CGL Insurer: _____

General Contractor, 5 year Loss History: *if none, please indicate as such below*

| Date | Description | Reserve Amount | Paid | Expense | Status – Open / Closed |
|------|-------------|----------------|------|---------|------------------------|
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |

CONSTRUCTION SCHEDULE

Please attach a copy(s) of the Construction Schedule, Soil Reports, Site Plans etc. **prior to binding**

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 by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES 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 APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____ Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____ BROKER FAX NUMBER: _____

BROKER EMAIL: _____