

## Commercial Builder's Risk Application

Please complete the General Information section for all projects and specific sections for Builder's Risk and Wrap-up Liability, according to requirements.

Please provide detailed information, and submit the documents and plans requested. When available, provide:

- Breakdown of Values for the various structures and types of work;
- Site Plan indicating distance, construction, and occupancy of exposures;
- Schedule of construction;
- Summary and Recommendations from the Geotechnical Report;
- Schedule indicating Build-up of Construction Values.

### Broker Information

1. Name of Brokerage: \_\_\_\_\_
2. Name of Broker Contact: \_\_\_\_\_
3. 3. Brokerage Address: \_\_\_\_\_
4. For renewal purposes only:
  - a. Policy Number: \_\_\_\_\_
  - b. ISN (Client's Number): \_\_\_\_\_

### General Information

5. Name of Applicant: \_\_\_\_\_
6. Address of Applicant: \_\_\_\_\_
7. Name of Project: \_\_\_\_\_
8. Address/Location of Project: \_\_\_\_\_
9. Description of Project: \_\_\_\_\_
10. Project Participants (names): \_\_\_\_\_  
\_\_\_\_\_
11. Owner: \_\_\_\_\_
12. Project / Construction Manager: \_\_\_\_\_
13. General Contractor: \_\_\_\_\_
14. Construction Period: From \_\_\_\_\_ To \_\_\_\_\_

15. Policy Term (if different from above): From \_\_\_\_\_ To \_\_\_\_\_

16. What is the bid date for this project? \_\_\_\_\_

17. By what date do you require a quote? \_\_\_\_\_

18. Project Data:

Height of structure	Storeys	Feet or Meters
Below Grade:		
Above Grade:		
Total Area (indicate Sq. Feet or Sq. Meters):		

If this project is a long-span building such as a warehouse or stadium, please indicate the maximum unsupported span length (indicate in feet or meters): \_\_\_\_\_

19. Construction Materials:

Framework: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

Is an Exterior Insulation and Finish System (EIFS) used? Yes  No

If yes, does the EIFS assembly include expanded polystyrene insulation (EPS) or other combustible material? Yes  No

Roof: Structure: \_\_\_\_\_ Covering: \_\_\_\_\_

Floors: Structure: \_\_\_\_\_ Covering: \_\_\_\_\_

20. Adjacent Structures (attach site plan if available):

	Type of Construction	Occupancy	Distance
North			
East			
South			
West			

21. Neighbourhood (describe):

\_\_\_\_\_  
\_\_\_\_\_

22. Security

Is site fenced? Yes  No  height / type: \_\_\_\_\_

Watchman service? Yes  No  hrs. / rounds: \_\_\_\_\_

Alarm: Intrusion  Fire/Smoke  alarm sounds to: \_\_\_\_\_

Video Surveillance? Yes  No  type: \_\_\_\_\_

23. Do you have any written loss prevention procedures for the prevention of water damage losses?

Yes  No

24. Is there any blasting, shoring, underpinning, pile driving or demolition

Yes  No

25. If any portion of the project will be occupied prior to completion, provide details (period, extent and nature of occupancy):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Is this a fast-track project?

Yes  No

27. If yes, please detail experience with similar projects: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Geotechnical Data and Construction Data:

a. Has a geotechnical report been completed?

Yes  No

b. If not, please advise reasons: \_\_\_\_\_

c. Will the project be constructed in compliance with geotechnical recommendations?

Yes  No  With Modifications

d. Type of foundation for each structure: \_\_\_\_\_

e. Are wood forms to be used?

Yes  No

29. Please list the Project Manager's / General Contractor's five largest projects in the past five years:

Name	Type	Location	Value (\$100,000)

Builder's Risk (Complete only if this coverage is required)

30. Total estimated project value (attach breakdown if available): \_\_\_\_\_

Hard Costs: \_\_\_\_\_

(Labour, materials, professional fees to enter into and form part of the project.)

Soft Costs: \_\_\_\_\_

(Financial costs, additional interest expenses, leasing and marketing expenses, legal and accounting expenses, miscellaneous carrying costs.)

\$ \_\_\_\_\_ Financial Costs

\$ \_\_\_\_\_ Additional Interest Expenses

\$ \_\_\_\_\_ Leasing and Marketing Expenses

\$ \_\_\_\_\_ Legal and Accounting Expenses

\$ \_\_\_\_\_ Miscellaneous Carrying Costs

Note: Architectural and engineering fees are not Soft Costs but Hard Costs for the purpose of this coverage.

31. Other property to be insured:

a. Existing building: \$ \_\_\_\_\_

b. Temporary buildings, scaffolding, falsework, forms, and hoardings: \$ \_\_\_\_\_

c. Job site field offices (excluding contents): \$ \_\_\_\_\_

d. If coverage is required for either a, b, or c above, please detail age, construction, condition, and occupancy of such property: \_\_\_\_\_

\_\_\_\_\_

32. Is Business Interruption Coverage (delayed start-up) required?

Yes  No

a. If yes, please detail type of income: \_\_\_\_\_ for \$ \_\_\_\_\_

b. Total limit being \$ \_\_\_\_\_ per month for \_\_\_\_\_ month(s) indemnity period

33. Complete the following coverage limits and deductibles information:

<b>Coverage</b>	<b>Limits</b>	<b>Deductibles</b>
Value of project	\$ _____	\$ _____
Other property to be insured	\$ _____	\$ _____

<b>Sublimits</b>	<b>Limits</b>	<b>Deductibles</b>
Soft Costs (other than 3 above)	\$ _____	\$ _____

	<b>Limits</b>	<b>Days</b>
Delayed Start-up (see 3 above)	\$ _____	
Offsite	\$ _____	\$ _____
Transit	\$ _____	\$ _____
Testing (electrical / mechanical breakdown during commissioning) _____ weeks		\$ _____

34. Testing:

- a. Who will perform testing operations? \_\_\_\_\_
- b. Please describe the operations involved in testing and commissioning: \_\_\_\_\_  
\_\_\_\_\_
- c. Will the project involve the installation of any used equipment?  
Yes  No

35. Fire Protection:

- a. Distance to the nearest Fire Department: \_\_\_\_\_
- b. Name of City or Town providing protection: \_\_\_\_\_
- c. Hydrants (operational): Number within 1,000 ft.: \_\_\_\_\_
- d. Please describe private fire protection: \_\_\_\_\_
- e. Will the project be sprinklered?  
Yes  No
- f. If yes, at which time will the sprinkler system be in operation? \_\_\_\_\_

36. Flood Exposure:

- a. Nearest body of water: Name: \_\_\_\_\_ Distance: \_\_\_\_\_
- b. Past flood history at site: \_\_\_\_\_
- c. Height of project above maximum flood stage: \_\_\_\_\_
- d. Please describe the exposure during and after excavation from surface water and ground water:  
\_\_\_\_\_  
\_\_\_\_\_
- e. Please describe the precautions to be taken to prevent damage from flood: \_\_\_\_\_  
\_\_\_\_\_
- f. What is being done to prevent run-off damage? \_\_\_\_\_  
\_\_\_\_\_

37. Site Risks: Please detail the exposures from:

- a. Winter heating conditions (type of heaters): \_\_\_\_\_
- b. Explosion (please detail the use of any highly flammable or explosive materials to be present on site):  
\_\_\_\_\_

38. If Soft Costs / Delayed Start-up Coverage is required, please detail:

- a. Contracted completion date: \_\_\_\_\_  
Anticipated completion date: \_\_\_\_\_

b. Anticipated replacement times for key items if reorder necessitated (i.e., boilers, turbines, generators etc.):

Item	Delivery Period	Supplier Location

39. Please provide details of the Loss Control Program to be implemented to protect insured property:

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40. Claims Experience: Please detail any Builder's Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the following during the past three (3) years: Owner, General Contractor, Project / Construction Manager.

Please indicate the date, amount, and nature of claim:

Date	Amount	Nature of Claim
	\$	
	\$	
	\$	

Applicant's Consent to the Transmission of the Information Contained in the Application Form

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Agile Underwriting Solutions for the sole purpose of obtaining an insurance policy and will be kept confidential. Moreover, I authorize Agile Underwriting Solutions, its insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentations;
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers, or other similar offices for the purposes of investigating, defending, negotiation or settling any claims, as required.

Declarations and Signature

It is understood and agreed that the completion of this Application does not bind the insurers to sell, nor does it obligate the Applicant to purchase the insurance.

**Signature of applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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