

Residential Dwelling Builder's Risk Application

General Information

1. Project Type:
New Construction Other _____
2. Legal name of Applicant: _____
3. Address: _____
4. Legal Name of General Contractor: _____
5. Legal Name of Dwelling Owner: _____
6. Occupancy when completed:
Single Family Dwelling Primary Residence Seasonal Secondary
7. Loss payable: _____
8. Address of project site: _____
9. Geo-technical report completed?
Yes No
If yes, please attach.
10. Will project be constructed in compliance with geotechnical recommendations?
Yes No With modifications
If modified, please provide details: _____
11. Nature of Ground:
Flat Hillside Hilly Swampy Other _____
12. Soil:
Shale Sand Rock Filled Ground Other _____
13. Public fire protection:
Within 300m fire hydrant Within 8kms firehall Unprotected

Additional Protections

14. Site Fenced: Height/Type: _____
15. Patrol Service: Height/Rounds: _____
16. Video Surveillance: Type: _____

17. Lighting:
18. Alarms – Intrusion:
19. Fire/smoke: Alarm sounds to _____
20. Other: describe _____
21. Standpipe and hose system Portable fire extinguisher(s) Sprinkler system
Hot work permit system Private hydrants
22. Describe precautions, if any, to prevent Windstorm, Ice and/or Sleet damage to the project. _____
23. Adjacent structures – type of construction, occupancy and distance: _____
24. Daily clean-up program?
Yes No
25. Refuse burned on site?
Yes No
26. Winter heating conditions (type of heaters): _____
27. Detail use of any flammable liquids, gases, or explosives – materials to be present on site. _____
28. Any use of the following?
Plastic weather enclosures Tarpaulins Straw Scaffolding
Wood boarding Cranes

Project Details

29. # of Storeys: _____ Total area: _____ sq ft sq meters
30. Type of foundation: _____
31. **Construction materials – standard construction**
32. Exterior walls: _____
33. Framework: _____
34. Roof: Structure: _____ Covering: _____
35. Floors: Structure: _____ Covering: _____
36. Type of insulation: _____
37. Any special features – such as stained glass, glass curtain walls, artwork to be incorporated, if so describe _____
- _____
- _____

Total Insured Value

38. Completed contract price: _____
39. Premises personal liability: \$1,000,000 \$2,000,000 \$5,000,000
40. Deductible desired: \$1,000 (standard) \$2,500 \$5,000 \$10,000 \$25,000
41. Earthquake coverage:
Yes No
42. Deductible: 5% 10%

Contract Period

43. Effective date: _____ Completion date: _____
44. Actual start date: _____
45. Percentage of work subcontracted? _____
46. Certificates of insurance required for sub-contractors?
Yes No Limit \$ _____

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk. We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf. We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Broker Declaration

Each and every question must be answered by the broker and/or account executive.

Is this account NEW to your office?

Yes No

Did you receive order direct from the Applicant?

Yes No

If no, how long have you known the applicant?

Do you recommend this applicant in every respect?

Yes No

Do you handle other insurance for the Applicant?

Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or misstated any material facts, and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters. This application must be signed by the Producer/Account Executive.

Date: _____ Signature of Producer/Account Executive: _____

Print Name of Brokerage: _____

Print Name of Broker/Producer: _____

Address of Brokerage: _____

Applicant Signature

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges, items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date _____

Signature of Applicant _____