



GROUPONE INSURANCE SERVICES

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BUILDERS RISK APPLICATION

BROKERAGE: _____

Broker contact: _____ Phone No.: _____

Email address: _____ Fax No.: _____

INSURED: Individual Partnership Corporation Joint Venture

Full Legal Name of Applicant: _____

Name of Property: _____

Mailing Address: _____

Has the principal or any active partner filed for bankruptcy? Yes No If yes, provide details: _____

Loss Payee / Mortgagee / Additional Insured (include name & address):

1. _____

2. _____

INSURANCE EXPERIENCE: New Business Renewal

Existing Insurer: _____ Target Premium Required: _____

Renewal Offered: Yes No If not, why? _____

Have you had any insurance refused or cancelled within the past 5 years? Yes No

If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

PROJECT INFORMATION:

Name of Property Owner: _____

Project / Risk Location: _____

Name of Project Manager / General contractors: _____

Details of Construction Project (i.e. Houses, Condo's etc): _____

Is there a Heritage Building or Site? Yes No

New Construction: Yes No

Renovation: Yes No

If yes, please provide a complete description of the renovation work, cost and value of existing structure:

Details of funding for construction project: _____

Proposed Starting Date: _____ Anticipated Completion Date: _____

CONTRACTOR INFORMATION:

Name of General Contractor (if not Insured): _____

Number of years in the business: _____

Experience: Very Experienced Experienced Limited Experience Unknown

Does the General Contractor have CGL Insurance? Yes No

Existing Insurer: _____ Policy #: _____ Expiry Date: _____

List Project Managers/General Contractors 5 largest projects in the last 5 years (including Name/Type/Location/Value):

Sub-Contractors in use: Yes No If yes, provide further details: _____

Geotechnical Engineer: _____

SUB-CONTRACTOR INFORMATION:

Do you check for previous experience and history of all sub-contractors? Yes No

Do you insist on written contracts with all sub-contractors? Yes No

Do all sub-contractors carry a minimum of \$1M CGL coverage? Yes No

Do you have your own panel/list of approved sub-contractors? Yes No

If any of the above questions are answered "No", please provide an explanation:

CONSTRUCTION DETAILS:

Height of Structure: _____ Stories Total Area: _____ Sq.Ft. _____ Sq.M

Construction Materials: Exterior Walls: _____
Siding: _____
Floors – Structure & Covering: _____
Roof – Structure & Surfacing: _____
Foundation (each structure): _____

Any Hot Tar Roofing: Yes No Any Torch-On Application: Yes No

Any blasting/underpinning/piling: Yes No Any Shoring Yes No

If yes, provide explanation: _____

Any potential exposure to any adjacent structures from excavating: Yes No

If yes, describe adjacent structure (Type of construction, occupancy and distance): _____

Has a geotechnical report been completed? Yes No

If no, provide explanation: _____

Will the project be in compliance with the geotechnical recommendations? Yes No

If modifications, provide explanation: _____

If a copy of the geotechnical report summary and recommendations are not available, please describe the soil conditions:

Will the following be used: Tarpaulins Plastic Weather Enclosures Straw
 Scaffolding Wood Boarding Cranes

Is there a daily "Clean-Up" program? Yes No Is refuse burned on site? Yes No

Any use of highly flammable or explosive materials to be present on site: Yes No

If yes, explain: _____

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:

SITE PROTECTION:

Will the hydrants be operational from the commencement of framing? Yes No

If no, explain: _____

Hydrant Protected: Yes No Distance to Fire Hall: _____ km Volunteer Fully Paid

Private Fire Protection: Sprinklers Extinguishers Water Tanks Stand Pipe & Hose

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, explain: _____

Additional Hazards: Winter heating conditions (type of heater): _____

Explosion (details of highly flammable or explosive materials present on site): _____

Type of Neighbourhood: Residential Commercial Mixed Other

Crime: Low Crime High Crime Declining Improving Other

Distance to closest occupied area in feet: _____

Are you able to view the project from the road? Yes No

Site Security: Is the Site Fenced: Yes No Monitored alarm at lock up Yes No

Patrol Service Yes No Video Surveillance Yes No

Site Lighting: Is site well lit: Yes No Additional lighting dusk to dawn: Yes No

On Site Watchman Service (fulltime 24/7): Yes No

If yes, explain: _____

COVERAGE REQUIREMENTS

Contract Period: _____ Months Required Effective Date: _____

Start date of foundation: _____ Months Completion Date: _____

Delayed Opening: \$ _____ Limit per month: \$ _____

Indemnity Period: _____ Months

If flood is required: Distance From nearest body of water: _____

Height above body of water: _____ Nearest Body of Water: _____ Distance: _____

Any past flood history at the 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: _____

Is it in a Federal Flood Zone? Yes No

Total Estimated Project Value (plus breakdown if applicable): _____

Hard Costs (labour, materials, professional fee to enter into and form part of the project): _____

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant?
Is the applicant financially sound? Yes No Have you personally seen this property? Yes No
Do you recommend this applicant? Yes No Is the property for sale? Yes No
Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated 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.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application 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) Provides 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 BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

Broker's Signature: _____ Date: _____