Builders Risk Supplement For Extensions or Renovations

Cambrian Special Risks Insurance Services
130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866) 308-2784
Email: quotes@cambrianspecialrisks.com

ATTACHED TO AND FORMING PART OF BUILDERS RISK APPLICATION

1. Name of Insured:
2. Project Description and address:
3. Please provide photographs of the risk **(this is mandatory in order to provide a quotation).**
4. Renovation/Extension Start and Finish Date:
5. Replacement Value of Total Renovation/Extension:
6. Actual Cash Value of Existing Building: $_____
7. Describe the extent to which the building will be "gutted" prior to renovation/extension prior to the project being started:
8. Describe what type of fire protection (i.e. extinguishers/standpipe and hose will be available at the project site:
9. Will any stories be added to the building? ☐ Yes ☐ No
   If "Yes", please provide a copy of the structural engineering report.
10. Will there by any torch cutting or welding in this project? ☐ Yes ☐ No
    If "Yes", will a "Hot Work" Permit system be required by the general contractor so that anyone doing this type of work will be required to get prior approval before starting the torch, cutting or welding? ☐ Yes ☐ No
11. Age of Building:
12. Is this a Heritage Building? ☐ Yes ☐ No
13. Square footage of the finished areas: _____ Square footage of the unfinished area: _____
14. Has or will a building permit be obtained for this project? ☐ Yes ☐ No
15. Will the building be occupied during the project? ☐ Yes ☐ No
    If "Yes", what safety measures will be taken to prevent occupants from entering the work areas?
16. Does the existing building currently contain property (ie furniture and contents)? ☐ Yes ☐ No
    Please be advised that there is no contents coverage available on this policy.
17. If the building is of mixed construction, what percentage of the following is constructed of wood?

    Roof _____% Floor _____% Walls _____%

18. Describe the percentage to which the following building systems will be replaced:
    i. Plumbing _____%
    ii. Electrical _____%
    iii. Roof _____%
    iv. Heat _____%

OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

Applicant Name: Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	