

**ATTACHED TO AND FORMING PART OF BUILDERS RISK APPLICATION**

1. Name of Insured:
2. What was the start date of framing for the foundations?
3. Please provide photographs (inside and outside) of the building showing the construction started to date **(this is mandatory in order to provide a quotation)**.
4. Why was insurance not placed at the time construction started?
5. Are there any potential liens on the property?
6. Are there any know or reported claims or losses to this project? ☐ Yes ☐ No
7. Any changes in the financial status of the contractor or site owner?
8. Name of General Contractor (It is mandatory that they carry their own Liability insurance policy):
9. Does the existing building currently contain property (ie: furniture and contents)? ☐ Yes ☐ No  
There is no contents coverage available on this policy.

**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:	