

### SECTION 1: APPLICANT INFORMATION

1. Name of Insured:
2. Postal Address:  
City: Province: Postal Code:
3. Legal Address:  
City: Province: Postal Code:
4. Phone: Fax:
5. Name of General Contractor:
6. Name of Architect/Engineer and/or Mechanical/Structural Consultant:
7. Project Name:
8. Occupancy when completed:
9. Project Type: ☐ New Construction ☐ Building Extension
10. Mortgagee / Loss Payee name and mailing address:

### SECTION 2: INSURANCE INFORMATION

1. Are you aware of any incident which may result in a claim against you? ☐ Yes ☐ No  
If "Yes", please provide details:
2. Previous Carrier: Renewal Offered? ☐ Yes ☐ No  
If "No", please explain in detail the reason for non-renewal:
3. 5 Year Loss History (Owner and General Contractor), please provide details below (attach additional page(s) if necessary):

### SECTION 3: UNDERWRITING INFORMATION

1. What is the start date of construction?
2. What is the end date of construction?
3. 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?

4. What portion of construction is completed?  
**If already started, pictures (inside and outside) must be provided showing the construction started so far with the completed Supplement for Projects Already Commenced Application.**
5. Percentage of Work Subcontracted? \_\_\_\_\_ %
6. Coverage required for sub-contractors? ☐ Yes ☐ No  
 If "Yes", attach a list of sub-contractors, stating their number of years experienced and five years claims history.  
 If "No", are Certificates of Insurance obtained? ☐ Yes ☐ No  
 What is the minimum limit of liability requested? \$ \_\_\_\_\_
7. Has or will a building permit be obtained for this project? ☐ Yes ☐ No
8. Nature of Ground: ☐ Flat ☐ Hillside ☐ Swampy ☐ Other \_\_\_\_\_
9. Nature of Soil: ☐ Shale ☐ Sand ☐ Rock ☐ Filled Ground ☐ Other \_\_\_\_\_
10. Has a geo-technical report been completed? ☐ Yes ☐ No
11. Public Fire Protection:  
☐ Protected - means "project site" within 3 miles of a responding fire hall and within 500 feet of a working public fire hydrant.  
☐ Semi-protected- means "project site" is within 5 miles of the fire hall  
☐ Unprotected- means "project site" which do not conform to the above "Protected"
12. Height of Structure: \_\_\_\_\_ Below Grade number of storeys \_\_\_\_\_ feet or meters  
 \_\_\_\_\_ Above Grade number of storeys \_\_\_\_\_ feet or meters
13. Total Area (indicate sq. feet or sq. meters): \_\_\_\_\_ (of the completed building)
14. Type of Foundation:
15. Construction Materials:  
 a) Exterior Walls  
 b) Framework  
 c) Floors Structure and Covering  
 d) Roof Structure and Surfacing
16. Will there be 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
17. Any unusual or experimental features in construction or design?
18. Subsurface Operations: Describe nature, duration, value, and relationship to both the project and to adjacent structures:  
 a) Blasting  
 b) Shoring  
 c) Pile Driving  
 d) Underpinning  
 e) Dewatering (ie: number of pumps)
19. Forms and Forms Supports: ☐ Wood forms/supports ☐ Steel forms/supports  
 Period of Usage: \_\_\_\_\_  
 Period of Usage: \_\_\_\_\_
20. Temporary Heating Type:
21. Type of Insulation:

22. Demolition Details:

23. Will the following be used? ☐ Tarpaulins ☐ Plastic Weather Enclosures  
☐ Straw ☐ Wood Boarding  
☐ Scaffolding ☐ Cranes

24. Asbestos, lead or urea formaldehyde foam abatement? ☐ Yes ☐ No  
 If "Yes", please describe:

25. Hazards/Exposure

- a) Flood/Surface Water  
☐ Name of nearest body of water? \_\_\_\_\_  
☐ Distance from construction site? \_\_\_\_\_  
☐ Past flood history at site? ☐ Yes ☐ No  
☐ Height of project above nearest body of water? \_\_\_\_\_  
☐ What is being done to prevent run-off damage?  
 b) Describe precautions, if any, taken to prevent windstorm, ice and/or sleet damage to project:  
 c) Transit (Provide details of exposure – point of origin of key items)  
 d) Adjacent Structures (Type of construction, occupancy, and distance)  
 e) Connecting/Surrounding exposures: ☐ Shafts, tunnels, or walkways ☐ Bush  
☐ Existing Structure

26. Special Precautions

- a) Security: ☐ Site fenced ☐ Patrol Service ☐ Night Surveillance  
☐ Lighting ☐ Other (describe): \_\_\_\_\_  
 (Attached a copy of the contract for Patrol and Video Surveillance services)  
 b) Is entry to site possible only with an authorized person? ☐ Yes ☐ No  
 If "No", please explain  
 c) Fire: (Describe private protection during construction)  
☐ Standpipe and Hose system ☐ Portable fire extinguisher  
☐ Sprinkler System ☐ Hot Work Permit System ☐ Hydrants  
 d) Flood: ☐ Sand Bags ☐ Skids or Pallets (4") ☐ Pumps  
 e) Explosion: (Detail use of any flammable liquids, gases, or explosives materials to be present on site)  
 f) Is there a "daily clean up" program? ☐ Yes ☐ No  
 g) Is refuse burned on site? ☐ Yes ☐ No

**SECTION 4: LIMITS REQUIRED**

1. Estimated Completed Contract Price: \$\_\_\_\_\_ (a completed Building Evaluator is required)  
 2. If Soft Costs/Delayed Start-up coverage is required, please detail the anticipated replacement times for key items:

3. Scope of Coverage Desired

Coverage	Coverage Required	Limits Required	Deductible
Builders Risk – Value of finished Building			\$2,500
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No	value of finished Building	\$10,000
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	value of finished Building	\$50,000/5%

Coverage	Coverage Required	Limits Required	Deductible
Sewer Back-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	maximum amount available \$25,000	\$2,500
Soft Costs (refers to expenses required to complete a construction project that has been delayed due to unexpected physical damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	maximum amount available \$30,000	\$2,500
Commercial General Liability		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	\$1,000

27. General Contractor's Experience

a) Number of years in business:

b) Bonded?

☐ Yes ☐ No

c) List of similar projects in the past five years:

## SECTION 5: OTHER INFORMATION

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

## SECTION 6: DECLARATION

**Certificates of Insurance are required for all independent contracts in order for coverage to remain in effect.**

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding my personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree on their behalf.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

### BROKER CONTACT INFORMATION

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