



**BUILDER'S RISK
RESIDENTIAL DEVELOPMENTS**

1. APPLICANT'S LEGAL NAME

2. APPLICANTS OPERATING NAMES

3. BUSINESS ADDRESS

4. PREVIOUS ADDRESS (IF AT ABOVE LESS THAN 5 YEARS)

5. NO. OF YEARS IN BUSINESS _____

**6. PREVIOUS
INSURER**

POLICYNUMBER _____

7. CLAIMS HISTORY - LOSSES SUSTAINED DURING THE PAST 5 YEARS

DATE	LOCATION	CAUSE	AMOUNT OF LOSS

**BUILDER'S RISK
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8. BUILDING HISTORY - LIST OF 5 LARGEST PROJECTS IN THE PAST FIVE YEARS

PROJECT NAME	LOCATION	CONSTRUCTION TYPE	# OF UNITS	START DATE COMPLETE DATE	CONSTRUCTION COST

UNITS = SFD, SINGLE FAMILY DETACHED , SFSD, SINGLE FAMILY SEMI DETACHED MU, MULTIPLE UNITS, APARTMENTS, CONDOMINIUM

BUILDER'S RISK RESIDENTIAL DEVELOPMENTS

9. BUILDING PROJECTS - 20 & OVER RESIDENTIAL UNITS PROJECTS TO BE BUILT IN THE NEXT YEAR.

[A] PLEASE COMPLETE FOLLOWING SCHEDULE

Project Name	Location	Phase	Start Date	Finish Date	# of Units Per Bldg	# of Units Per Site	Exterior Constr.	Height (stories)	Bldg Type SFD, SFSD MU, High Rise	# of Months to complete a unit	Security F=fence W=watchman G=Guard O=other Pls Describe	# Units per Fire Break

****Attach site plans for the above projects, identify lots you will be building on, and site development agreement

9. [B] SUB- CONTRACTORS used on the projects? Yes ____ No _____.

If yes, indicate percent of project work done by sub - contractors _____%.

Indicate the names of the sub - contractors and the percent of the project for the following trades :

Trades	Name(s) of Contractors	Percent of Project
Electrical	_____	_____
Plumbing	_____	_____
Heating	_____	_____
Structural "Framing"	_____	_____
Foundations	_____	_____
Roofing	_____	_____
Remainder of Sub – Contractors	_____	_____
Total All Sub-Contractors		_____

Certificates of liability must be obtained from all Sub - Contractors with Minimum Liability Limits of \$1 million.

9.[C] Firebreaks proposed ?

9.[D] Are all parts of the above projects within 1000 ft. of a fully operational public fire department?

If not, explain why _____

Who is authorized to operate sectional or hydrant key valves? _____

Are valve closures logged? Yes / No

9.[E] All trades including sub trades required to provide and maintain portable fire extinguishers where they are working? _____

9.[F] Does site manager make regular and RECORDED site safety inspections? YES/NO

9.[G] How is site garbage minimized?

9.[H] Describe temporary heating equipment used and precautions taken.

10. Do you build 'spec' homes? YES / NO. IF YES, HOW MANY ___

11. How many model homes at any one time?___ How long are they model homes?___

12. Are you a member of your local Home Builders Association? YES / NO

13. Have you won any building awards on a local, regional, provincial or national level?

14. Are all your buildings designed by a professional architect or engineer? YES / NO

[A] Maximum limit per dwelling unit? \$_____

[B] Catastrophe limit any one loss \$_____

[C] Number of starts, units, estimated for coming year _____

[D] Deductible required \$_____ [minimum \$10,000]

15. Ongoing construction at beginning of policy term

16. PLEASE INDICATE ANY SUBTERRANEAN WORK REQUIRED
(ie: BLASTING, SHORING, PILE DRIVING, UNDERPINNING)

17. PROFESSIONAL INFORMATION

Loc. #	Construction Manager	General Contractor	Architectural Consultant/ Engineer	Geotechnical Engineer

18. Additional Comments: _____

It is understood and agreed that the completion of this application does not bind the insurers to sell, nor does it obligate the applicant to purchase the insurance.

Signature of Applicant _____
Date

Broker please complete the following:

Broker: _____

Email: _____

Address: _____

Tel. _____ **Fax:** _____