



Affiliated Brokers Exchange Ltd.
 785 Bridge Street, Waterloo, ON, N2V 2K1
 www.abexinsurance.com

Commercial Builders Risk

When available, provide:

- (a) **BREAKDOWN OF VALUES** for the various structures and types of work;
- (b) **SITE PLAN** indicating distance, construction and occupancy of exposures;
- (c) **SCHEDULE OF CONSTRUCTION** indicating Build-UP of Construction Values;
- (d) **SUMMARY and RECOMMENDATIONS** for the **GEOTECHNICAL REPORT**;

General Information:

1. Name of Applicant:					
2. Address of Applicant:					
3. Name of Project:					
4. Address/Location of Project:					
5. Loss Payee(s):					
6. Description of Project:					
7. Project Participants (Names):					
<i>Owner:</i>					
<i>Project/Construction Manager</i>					
<i>General Contractor</i>					
<i>Prime Architectural/Engineering Consultant</i>					
<i>Geotechnical Engineer</i>					
8. Construction Period:		From(dd/mm/yyyy):		To:	
9. Construction Details:					
<i>Height of structure:</i>	<i>Storeys</i>	<i>Storey Height</i>		<i>Feet</i>	<i>Meters</i>
<i>Below Grade:</i>				<input type="checkbox"/>	<input type="checkbox"/>
<i>Above Grade:</i>				<input type="checkbox"/>	<input type="checkbox"/>
<i>Total Area (indicate Sq. Feet):</i>					
<i>Construction Materials:</i>					
<i>Framework:</i>		<i>Roof:</i>		<i>Covering:</i>	
<i>Exterior Walls:</i>		<i>Floors:</i>		<i>Covering:</i>	



Affiliated Brokers Exchange Ltd.
 785 Bridge Street, Waterloo, ON, N2V 2K1
 www.abexinsurance.com

10. Adjacent Structures (attach site plan if available):					
	<i>Type of Construction</i>	<i>Occupancy</i>	<i>Distance</i>	<i>Feet</i>	<i>Meters</i>
<i>North</i>				<input type="checkbox"/>	<input type="checkbox"/>
<i>East</i>				<input type="checkbox"/>	<input type="checkbox"/>
<i>South</i>				<input type="checkbox"/>	<input type="checkbox"/>
<i>West</i>				<input type="checkbox"/>	<input type="checkbox"/>

11. Security:				
<i>Is Site Fenced?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Height(ft) / Type:</i>	
<i>Watchman Service?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Hrs./ Rounds:</i>	
<i>Alarm?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Alarm Sounds to:</i>	
<i>CCTV?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Monitored by:</i>	

12. Neighborhood (describe):

13. Subsurface Operations:	
<i>Describe nature, duration, value and relationship to both the project and to adjacent structures.</i>	
<i>Blasting:</i>	
<i>Shoring:</i>	
<i>Pile Driving:</i>	
<i>Underpinning:</i>	

14. List Project Manager's / General Contractor's largest projects in the past five (5) years:

Name	Type	Location	Value



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

15. Total Estimated Project Value:		\$	<i>(Attach breakdown if available.)</i>
<i>Hard Costs:</i>	CAD\$	<i>(labour, materials, professional fees to enter into and form part of the project.)</i>	
<i>Soft Costs:</i>	CAD\$	<i>(Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying costs.)</i>	
16. Other Property to be insured: \$			
If coverage is required to existing structure to be furnished by the owner, etc. detail age, construction, condition, occupancy of such property			
Construction:		Year Built:	Protection:
Occupancy During Construction:			
17. Coverage:	Limits	Deductible	
(a) Building(s):	\$	\$	
(b) Other Property to be insured:	\$	\$	
<i>Sublimits</i>	<i>Limits</i>	<i>Deductible</i>	
(c) Soft Costs (other than 16(a) above)	\$	\$	
(d) Delayed Start-up (see 16 (a) above)	\$	\$	
(e) Offsite	\$	\$	
(f) Transit	\$	\$	
(g) Is Testing and Commissioning Coverage Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ /Week	
18. List offsite locations and maximum value at each:			
19. Transit:			
List key items (<i>individual items over \$100,00 value</i>) point of origin, location where insured accepts responsibility (<i>F.O.B.</i>):			
20. Testing:			
(a) Who will perform testing operations?			
(b) Describe operations involved in testing and commissioning:			
(c) Will project involve installations of any used equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

21. Location Information:			
(a) Distance to nearest Fire Department			
(b) Name of City or Town providing protection			
(c) Hydrants (operational)		Number within 1,000 ft.	
(d) Describe private fire protection			
(e) Will the project be sprinklered?		<input type="checkbox"/> Yes % <input type="checkbox"/> No	
If so, at which time will the sprinkler system be in operation?			
22. Construction Data:			
(a) Has a geotechnical report been completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, please advise reasons:			
(b) Will the project be constructed in compliance with geotechnical recommendations?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> With Modifications	
(c) If copy of geotechnical report summary and recommendations is not available, describe soil descriptions:			
(d) Type of foundation for each structure:			
(e) Are wood forms to be used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(f) Describe any unusual or experimental features in construction or design:			
(g) Describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included:			
23. Flood Exposure:			
(a) Nearest body of water:		Name: Distance:	
(b) Past flood history at site:			
(c) Height of project above maximum flood stage:			
(d) Describe exposure during and after excavation from surface water:			
24. Site Risks			
Detail exposures from:			
(a) Winter heating conditions (type of heaters)			



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

(b) Explosion (detail use of any highly flammable or explosive materials to be present on site):				
c) If more than 1 structure please provide the following details:				
Number of Structures:	Separation: meters	Are all structures being built at the same time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Provide details of LOSS CONTROL PROGRAM to be implemented to protect insured property:				
26. Claims Experience:				
Detail any Builders Risk or Installation claims (exceeding \$10,000 per loss) incurred by any of the following during the past five (5) years: (Owner, General Contractor, Project / Construction Manager) (Indicate date, amount, nature of claim):				

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:**
Address:
Telephone: **Fax:**