



# BUILDER'S RISK RESIDENTIAL DEVELOPMENTS

1. APPLICANT'S LEGAL NAME: \_\_\_\_\_
2. APPLICANTS OPERATING NAMES: \_\_\_\_\_
3. MAILING 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 (dd/mm/yyyy)	LOCATION	CAUSE	AMOUNT OF LOSS

**8. BULDING HISTORY - LIST OF 5 LARGEST PROJECTS IN THE PAST FIVE YEARS**

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

**Type of units to be built:**

- SFD - SINGLE FAMILY DETACHED
- SFSD - SINGLE FAMILY SEMI DETACHED
- MU - MULTIPLE UNITS
- APARTMENTS
- CONDOMINIUM



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**9. BUILDING PROJECTS - 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 - contractor s and the percent of the project for the following trades :

Trade	Name Of Contractor(s)	Percent of Project
Electrical		%
Plumbing		%
Heating		%
Structural "Framing"		%
Foundation		%
Roofing		%
Other:		%
	<b>Total All Sub-Contractors</b>	%

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

**9.[ C] Firebreaks proposed ?** Yes  No  Number of houses before break: \_\_\_\_

**9.[D] Public Fire Protections:**

**Paid Fire Hall**

**Volunteer Fire Hall**

**Unprotected**

**Fire Hydrants within 1000ft**

**Distance to nearest fire hall:** \_\_\_\_ km

**Number of Fire Hydrants within 1000ft:** \_\_\_\_

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? Yes  No**

**If no please explain:** \_\_\_\_



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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**

- Blasting
- Shoring
- Pile Driving
- Underpinning



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**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 (dd/mm/yyyy)**

<b>Broker please complete the following:</b>	
<b>Broker:</b>	<b>Email:</b>
<b>Address:</b>	
<b>Telephone:</b>	<b>Fax:</b>