



**4. Deductible Desired**

- \$1,000                       \$2,500                       \$5,000                       Other \_\_\_\_\_

**5. Contract Period**

- a. Number of Months \_\_\_\_\_ Effective Date \_\_\_\_\_
- b. Periods of Partial Occupancy \_\_\_\_\_
- c. Percentage of Work Subcontracted? \_\_\_\_\_
- d. Coverage required for sub-contractors:  Yes  No  
If yes, attached list of subcontractor, stating number of years experienced and five years loss history. If no, are certificates of insurance obtained?  
\_\_\_\_\_  
What is the minimum limit of liability requested? \_\_\_\_\_

**6. Testing**

Describe, in detail, any testing that will be performed and by whom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Project Details**

- a. Height of Structure:                      Storeys                      Feet or Meters  
Below Grade                      \_\_\_\_\_                      \_\_\_\_\_  
Above Grade                      \_\_\_\_\_                      \_\_\_\_\_
- b. Total Area (indicate sq. feet or sq. meters): \_\_\_\_\_
- c. Type of Foundation \_\_\_\_\_
- d. Construction Materials:
  - i. Exterior Walls \_\_\_\_\_
  - ii. Framework \_\_\_\_\_
  - iii. Floors Structure and Covering \_\_\_\_\_
  - iv. Roof Structure and Surfacing \_\_\_\_\_
- e. Any unusual or experimental features in construction or design? (Attach information) \_\_\_\_\_
- f. Subsurface Operations: Describe nature, duration, value, and relationship to both the project and to adjacent structures:
  - i. Blasting \_\_\_\_\_
  - ii. Shoring \_\_\_\_\_
  - iii. Pile Driving \_\_\_\_\_
  - iv. Underpinning \_\_\_\_\_
  - v. Dewatering (e.g. number of pumps) \_\_\_\_\_
- g. Forms and Forms Supports:
  - Wood forms/supports                      Period of Usage: \_\_\_\_\_
  - Steel forms/supports                      Period of Usage: \_\_\_\_\_
- h. Temporary Heating Type: \_\_\_\_\_
- i. Type of Insulation: \_\_\_\_\_
- j. Demolition Details \_\_\_\_\_
- k. Will the following be used?  Tarpaulins  Plastic Weather Enclosures  
 Straw  Wood Boarding  Scaffolding  Cranes
- l. Asbestos, lead or urea formaldehyde foam abatement  No  Yes, describe \_\_\_\_\_

**8. Hazards/Exposure**

- a. Flood/Surface Water
  - i. Nearest Body of Water Name: \_\_\_\_\_ Distance: \_\_\_\_\_
  - ii. Past flood history at site: \_\_\_\_\_
  - iii. Height of project above nearest body of water: \_\_\_\_\_
  - iv. 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

**9. 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? If no, 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? \_\_\_\_\_
- g. Is refuse burned on site?  Yes  No

**10. Scope of Coverage Desired**

- a.  Broad Form  Comprehensive Form  Other \_\_\_\_\_
- b. Flood:  Yes  No  Deductible \_\_\_\_\_
- c. Earthquake:  Yes  No  Deductible \_\_\_\_\_
- d. Testing of Equipment  Yes  No  Deductible \_\_\_\_\_
- e. Delayed Start-up  Yes  No  Deductible \_\_\_\_\_
- f. Other Coverage  Yes  No  Deductible \_\_\_\_\_

**11. Loss History (Previous Five Years)**

Describe all Builders Risk losses sustained during the last five years by the Owner/General Contractor:

Date of Occurrence	Description	Amount of Loss

**12. General Contractor's Experience**

- a. Number of years in business: \_\_\_\_\_
- b. Bonded       Yes  No
- c. List of similar projects in the past five years:

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**DECLARATION**

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/Echelon until accepted by Cambrian Special Risks/Echelon 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 and that Cambrian Special Risks/Echelon requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect.

Applicant Name:

Applicant Signature:

Date:

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