



[Construction Application]

BUILDERS RISK BLANKET RESIDENTIAL APPLICATION



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PART 1 GENERAL INFORMATION

In order to finalize our quote, we may require the following documents:

1. Site Plan 2. Breakdown of Values 3. Summary and Recommendations for the Geotechnical Report

Broker:	Broker Phone:	
Broker Contact:	Broker Email:	
Applicant's Legal Name:		
Mailing Address:	Postal Code:	
Website:	Tel:	Email:
Mortgagee:		
Mortgagee Address:	Postal Code:	
Desired Effective Date: DD/MM/YY	Expiry Date: DD/MM/YY	

PART 2 GENERAL CONTRACTOR

Name (if different than Applicant): _____

Address: _____ Postal Code: _____

Years in Business: _____

LOSS EXPERIENCE: Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

Have you ever had insurance refused or cancelled? Yes No If "Yes", please explain:

Previous CGL Insurer: _____

Last three projects (value and type):

1. _____

2. _____

3. _____

PART 3 PROJECT

Project Address: _____ Postal Code: _____

Description of Project: House Duplex Triplex Other (describe): _____

New construction? Yes No Speculation Pre-sold / Owner Occupied

PART 4 **COVERAGE**

Perils required: All Risk Fire and EC Flood / Earthquake

If Flood is required: Distance from nearest body of water: _____ Height above body of water: _____

Is it in a Federal flood zone? Yes No

PART 3 **LIMITS REQUIRED**

TOWNHOUSE UNITS

Average cost to build each townhouse unit: \$ _____ Number of townhouse units to be built in next 12 months: _____

Total value of townhouse to be built in next 12 months: \$ _____

Average time to build each unit: _____ Months Percentage Pre-Sold: _____ %

Number of units currently under construction: _____

Maximum number of townhouse units in one building: _____ Total value of townhouse units in one building: \$ _____

Limits of Coverage for one building (Policy Limit): \$ _____ Policy Loss Limit: Maximum Loss from a single event: \$ _____

BLANKET COVERAGE FOR RESIDENTIAL BUILDERS (Single Family Homes and/or Duplex/Triplex/Fourplex)

Average cost to build each dwelling: \$ _____ Number of dwellings to be built in next 12 months: _____

Total value of dwellings to be built in next 12 months: \$ _____

Average time to build each dwelling: _____ Months Percentage Pre-Sold: _____ %

Number of dwellings currently under construction: _____ Maximum value of dwelling: \$ _____

Policy Loss Limit: Maximum Loss from a single event: \$ _____

CATASOPHE LIMIT

Policy Loss Limit: Maximum Loss from a single event: \$ _____

PART 4 **PROTECTION**

Hydrant? Yes No Distance to fire hall: _____ km Volunteer Fully Paid

Private Fire Protections (Sprinklers / Extinguishers / Water Tanks, etc.)

Type of Neighbourhood: Residential Commercial Mixed Other (describe): _____

Crime: Low crime High crime Declining Improving Other (describe): _____

Distance to closest occupied area in feet: _____ Is project viewable from road? Yes No

Site lighting: Is site well lit? Yes No Street only? Yes No Additional lighting from dusk to dawn? Yes No

Fencing 6 feet height? Yes No Site Watchman? Yes No Monitored Alarm at Lockup? Yes No

Monitored Electronic Security Systems? Yes No If "Yes" provide details of installation specifics including site plan showing location of Video Camera placement

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: