## BUILDERS RISK APPLICATION

### GENERAL INFORMATION:

**TSW Management Services Inc.**

International Insurance Wholesalers

1177 West Hastings Street, Suite 1730

Vancouver, BC V6E 2K3

T. 604-678-9833 F. 604-678-6882

Toll Free: 1-866-904-8146

**Toll Free: 1 866 904-8146**

1. Name of Applicant:

2. Mailing Address of Applicant:

3. Name of Project:

4. Address / Location of Project:

5. Description of Project:

6. Construction Period: From       To

Policy Term: (if different from above) From       To

**Note: Cover incepts and expires at 12:01 AM standard time at the mailing address of the Applicant**

**7. Project Participants (Names of Firms or Individuals):**

Owner

Project / Construction Manager

General Contractor

Prime Architectural / Engineering Consultant

Geotechnical Engineer

**8. List Project Manager’s / General Contractor’s five (5) largest projects in the past five (5) years:**

Name Type Location Value (in $100,000’s)

### PROJECT VALUES & LIMITS

**9**. **Estimated Project Value(s):**

$ Hard Costs

$ Soft Costs (If Cover Required)

$ Delayed Start-Up Costs (If Cover Required)

**10. Breakdown of Hard Costs by Structure if more than one structure on site:**

Description:  Value: $

Description:  Value: $

Description:  Value: $

Description:  Value: $

**11. Breakdown of Soft Costs (If Cover Required):**

Finance Costs $

Additional interest $

Leasing and Marketing Expenses $

Legal and Accounting Expenses $

Other Carrying Costs $

**12. Other Property to be insured (Existing Structure, Equipment Furnished by Owner, etc.):**

Insured Value $  Replacement Cost [ ]  OR Actual Cash Value [ ]

Age  Construction

Condition  Occupancy

**13. List offsite locations and maximum value at each:**

Location

Maximum Value Any One Time $

Location

Maximum Value Any One Time $

**14. Transit:** List key items (individual items over $100,000 value) point of origin, location where insured accepts responsibility (F.O.B.):

**15. Coverage Limits / Deductibles Required:**

 Limits Deductible

Value of Project (Hard Costs) $ $

Other Property to be insured $ $

**Sublimits** Limits Deductible

Soft Costs $ $

Delayed Start-up $ $

Offsite $ $

Transit $ $

**16. Loss Payable / Mortgagee(s) / Additional Named Insureds**

### STRUCTURE CONSTRUCTION DATA:

**17. Height of structure:**

 Above Grade Below Grade

Number of Storeys

Height in Feet or Metres

Total Building Area (indicate Sq. Feet or Sq. Metres):

**18. Construction Materials:**

Framework:

Exterior Walls:

Roof:

Structure:  Covering:

Floors:

Structure:  Covering:

**19. Geotechnical:**

Has a geotechnical report been completed? [ ]  Yes [ ]  No

If No, please advise reason:

If yes, will the project be constructed in compliance with geotechnical recommendations? [ ] Yes [ ]  No

[ ]  With Modifications (describe in detail)

If copy of geotechnical report summary and recommendations is not available, describe soil type:

**20. Foundation**

Type of foundation for each structure:

Are wood forms to be used? [ ]  Yes [ ]  No

**21. Testing (electrical / mechanical breakdown during commissioning):**

Who will perform testing operations?

For how many weeks?

Cost of Testing $

Describe operations involved in testing and commissioning:

**22. Miscellaneous**

Will project involve installations of any used equipment? [ ]  Yes [ ]  No

If Yes, describe:

Describe any unusual or experimental features in construction or design:

Describe any special features such as stained glass, glass curtain walls, artwork etc. to be incorporated or included:

### EXPOSURES

**23. Adjacent Structures** **(attach site plan if available):**

Type of Construction

Occupancy

Distance from Project

North  South

East  West

**24. Neighbourhood** (describe):

**25. Subsurface Operations:**

Describe nature, duration, value and relationship to both the project and to adjacent structures.

Blasting:

Shoring:

Pile Driving:

Underpinning:

**26. Flood:**

Nearest body of water: Name & Type

Distance from site:

Past flood history at site:

Height of project above maximum flood stage:

Describe exposure during and after excavation from surface water:

Describe precautions to be taken to prevent damage from flood:

What is being done to prevent run-off damage?

**27. Other Exposures (if Applicable):**

Winter heating conditions (Detail type of heaters)

Explosion (Detail use of any highly flammable or explosive materials to be present on site)

### SECURITY & FIRE PROTECTION

**28. Security:**

Site Fenced? Yes [ ]  No [ ]

If Yes, Height / Type:

Site Lit? Yes [ ]  No [ ]

If Yes, Describe:

Watchman Service? Yes [ ]  No [ ]

If Yes, Hours / Rounds: Alarm? Yes [ ]  No [ ]

If Yes, Alarm Sounds to:

**29. Fire Protection:**

Distance to nearest Fire Department:

Name of City or Town providing protection:

Number of Hydrants on site (operational):

Number within 1,000 ft. of site:

Describe any private fire protection:

Will the project be sprinklered? Yes [ ]  No [ ]

If Yes, at which point in the project will the sprinkler system be in operation?

**30. Loss Control**

Provide details of any other loss control measures to be implemented to protect insured property:

### CLAIMS EXPERIENCE:

Detail any Builders Risk or Installation Floater claims (exceeding $10,000 per loss) incurred by any of the following during the past five (5) years (as of the date of signature of this application by the Applicant)

 Date Amount Nature of Claim

Owner  $

General Contractor  $

Project / Construction

Manager  $

**Sub Contractors Questionnaire:**

Do you check the previous loss experience and history of all sub-contractors? Yes [ ]  No [ ]

Do you have your own panel/list of approved sub-contractors? Yes [ ]  No [ ]

Do you require all sub-contractors to bid/tender and award jobs on price alone? Yes [ ]  No [ ]

Do you insist on written contracts with all sub-contractors? Yes [ ]  No [ ]

Do you insist all sub-contractors carry full in-force General Liability Insurance? Yes [ ]  No [ ]

What percentage of the sub-contractors for the proposed project will NOT have worked for you before or in the last 12 months?

Please provide the following additional information:SITE PLAN indicating distance, construction and occupancy of exposures;

1. BUILDING SIDE ELEVATION PICTURE if available;
2. SCHEDULE OF CONSTRUCTION;
3. COPY of the GEOTECHNICAL ENGINEERING REPORT;
4. SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES
5. COPY OF THE INSURANCE SECTION (S) from the contract specifications

**Note: All Limits, Sub-Limits, Deductibles, Adjustment Rates and Premiums are expressed in Canadian (CAD) currency.**

**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.**

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favourable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the policy from its inception, which may lead to claims not being paid.

Signature of Applicant Date

Please print name of Applicant signing