[Construction]

BUILDERS RISK BLANKET RESIDENTIAL APPLICATION

SPG Canada

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Reset Form

[Commercial Lines]

BUILDERS RISK BLANKET RESIDENTIAL APPLICATION

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 5 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: $

CATASTOPHE LIMIT

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

PART 6 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:

SUBMIT