[Construction]

BUILDERS RISK APPLICATION - COMMERCIAL

SPG Canada

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Reset Form

[Construction]

BUILDERS RISK APPLICATION – COMMERCIAL

Providing detailed information and submission of all documents/plans requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

1) Site Plan indicating distance, construction and occupancy of exposure
2) Summary and Recommendations for the Geotechnical Report
3) Breakdown of Values for the various structures and types of work

PART 1 GENERAL INFORMATION

Broker: Contact Person: Tel:

Name of Insured (Full Legal Name):

Mailing Address: Postal Code:

Name of Principal(s):

Mortgagee:

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years for either the Owner, Developer or General Contractor 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:

PART 2 PROJECT INFORMATION

Name of Owner:

Name of Project Manger / General Contractors:

Risk/Project Location Address: Postal Code:

New Construction? ☐ Yes ☐ No Description of Project:

Renovation? ☐ Yes ☐ No

If yes, please provide a complete description of the renovation work, including the cost of the renovations and value of the existing structure:

Number of Stories: Number of Buildings: Site Plan Attached? ☐ Yes ☐ No

If more than one building, please advise the value of each building and distance between each building:

Finished Building Area (Sq. Ft:)

If project value exceeds $5M value, please provide Construction Schedule or Gantt Chart & Project Cost Breakdown for Hard and Soft Costs

PART 3 CONSTRUCTION INFORMATION

Exterior Walls: ☐ Wood ☐ Non Combustible Fire Resistive ☐ Mass Timber/CLT ☐ Modular Units ☐ Other (describe): _____

Siding: ☐ Wood ☐ Brick ☐ Non Combustible ☐ Other (describe): _____

Floors: ☐ Wood ☐ Non Combustible ☐ Fire Resistive ☐ Other (describe): _____

Roof Construction: ☐ Wood ☐ Steel Deck ☐ Concrete ☐ Other (describe): _____

Roof Finish: ☐ Tar & Gravel ☐ EPDM (No Heat) ☐ Torch on Membrane ☐ Asphalt Shingle ☐ Other (please describe below): _____

Foundation: ☐ Concrete ☐ Other, please explain: _____

Has framing for foundation started? ☐ Yes ☐ No If "Yes", when? _____

Nature of Ground: ☐ Flat ☐ Hillside ☐ Swampy ☐ Other, please explain: _____

Any Hot Tar Roofing: ☐ Yes ☐ No Any Torch On Application (roofing, patios, balconies, other?): ☐ Yes ☐ No

Will the project be sprinklered? ☐ Yes ☐ No If Yes, at what time will the sprinkler system be in operation? _____

What "firebreaks" are proposed? _____

Is there a moisture management plan in place? (to prevent water ingress and mould) ☐ Yes ☐ No

Will access roads be maintained to permit emergency vehicles access to site and hydrants at all times after commencement of framing operations? ☐ Yes ☐ No

If no, please advise reasons:

Will fire hydrants be operational from commencement of framing? ☐ Yes ☐ No If no, please advise reasons:

Has a geotechnical report been completed? ☐ Yes ☐ No If no, please advise reasons:

Will the project be in compliance with the geo-technical recommendations? ☐ Yes ☐ No If modifications, please describe in detail:

If a copy of the geotechnical report summary and recommendations are not available, please describe the soil conditions:

PART 4 ADJACENT STRUCTURES (Attach site plan if available)

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE (FEET)
NORTH			
EAST			
SOUTH			
WEST			

Please confirm whether there are any other "Frame" construction projects underway, located within 250 feet of this project: ☐ Yes ☐ No

If "Yes" to above, please provide a general Description of Project (i.e. Dwelling, Townhomes or Condominiums etc), height and approximate distance:

Description: Height (# Storeys): Distance Separated: (Feet)

PART 5 GENERAL CONTRACTOR

Name of General Contractor (If not Insured): Is the General Contactor bonded? ☐ Yes ☐ No

Experience: ☐ Very Experienced ☐ Experienced ☐ Limited Experience ☐ Unknown

Does the General Contractor have CGL Insurance? ☐ Yes ☐ No If yes, who is the insurer:

List Project Manager's / General Contractor's 5 largest projects in the past 5 years (including Name / Type / Location / Value):

PART 6 SITE PREPARATION

Is any blasting or demolition involved? ☐ Yes ☐ No

If yes, will operations be completed prior to commencement of project? ☐ Yes ☐ No

Is shoring, underpinning, blasting or pile driving involved? ☐ Yes ☐ No

If yes, please provide the nature, duration, value and relationship to both the project and to adjacent structures:

Any potential exposure to adjacent structures from excavating? ☐ Yes ☐ No
If yes, explain:

PART 7 SUBCONTRACTORS

Do you check for previous experience and history of all subcontractors? ☐ Yes ☐ No

Do you insist on written contracts with all subcontractors? ☐ Yes ☐ No

Do all subcontractors carry a minimum of $1M CGL coverage? ☐ Yes ☐ No

Do you have your own panel/list of approved subcontractors? ☐ Yes ☐ No

Will the project be in compliance with the geo-technical recommendations? ☐ Yes ☐ No

If any of the above questions are answered "no" – please explain:

If any 'torch-on membrane' or 'tar & gravel roofing' is done, provide name and experience of Roofer along with details of their valid CGL.

PART 8 TESTING

Electrical / mechanical breakdown during commissioning? ☐ Yes ☐ No Number of Weeks:

Who will perform the testing operations?

Describe the operations involved in testing and commissioning:

Will the project involve installations of any used equipment? ☐ Yes ☐ No If yes, explain:

PART 9 SITE PROTECTION INFORMATION

Hydrant Protected (operational): ☐ Yes ☐ No Distance to Fire Hall: Km. ☐ Volunteer ☐ Paid

Private fire protections (sprinklers/extinguishers/water tanks etc):

Type of Neighborhood: ☐ Residential ☐ Commercial ☐ Other, please explain:

Site Security: Is the Site Fenced(6 feet height)? ☐ Yes ☐ No Monitored Alarm at lock up? ☐ Yes ☐ No

Site Lighting: Is the site well lit? ☐ Yes ☐ No Is additional lighting provided from dusk to dawn? ☐ Yes ☐ No

Distance to closest occupied are in feet? Is the project viewable from the road? ☐ Yes ☐ No

If no, please describe other security measures being taken:

On site Watchman Service (full-time – 24/7): ☐ Yes ☐ No Security Patrol: ☐ Yes ☐ No

Monitored Electronic Security Systems: ☐ Yes ☐ No If Yes, provide details of installation specifications incl. site plan showing location of Video Camera placement

(a) Please provide name of Installer:

(b) Please provide name of Monitoring Company:

Any use of highly flammable or explosive materials to be present on site? ☐ Yes ☐ No If yes, explain:

PART 10 FLOOD EXPOSURE

Nearest body of Water: Name: Distance:

Any past flood history at project site? ☐ Yes ☐ No
If yes, explain:

Height of project 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?

PART 11 COVERAGE INFORMATION

Perils Required: ☐ All Risk ☐ Fire/EC ☐ Flood ☐ Earthquake ☐ Deductible:

Contract Period: Months. Required Effective Date:

Start Date of foundations: Completion Date:

Hard Costs: $ (Replacement Cost To Rebuild: Labour, materials, professional fees etc)

Soft Costs: $ (Finance Costs, Leasing and Marketing Expense, Legal/Accounting Expense)

Delayed Opening: $ Limit per month $ month(s) indemnity period?

T.I.V. Sum Insured: $ Deductible:

Any Miscellaneous Property to be insured? ☐ Yes ☐ No (see below for optional extensions)

☐ **Offsite locations:** Please list locations, details operations and maximum value at each:

☐ **Transit Coverage:** Please advise point of origin, location where the insured accepts responsibility and limit required:

☐ **Other Property to be insured:** If coverage is required for either (A) or (B) below, please provide detail age, construction,condition and occupancy of such property:

A) Existing Building: $

B) Temporary buildings, scaffolding, falsework, forms and hoarding: $

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 AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

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

Applicants Signature: **Position:**

Please Print Name: **Date:**

SUBMIT