



[Construction]

BUILDERS RISK SUPPLEMENTAL QUESTIONNAIRE Project Commenced

BUILDERS RISK SUPPLEMENTAL QUESTIONNAIRE-Project Commenced

Supplemental Questionnaire must accompany a completed Builders Risk Application

Photos of the existing structure would improve our efficiency and ability to obtain the most favourable terms.

1) Name of Broker:

2) Is the applicant a current client of your brokerage?

3) What date did the framing for the foundations start?

4) What construction work has been completed to date?

5) Why was insurance not placed at the time construction started?

6) Are there any known or reported losses/ incidents to this project? ☐ Yes ☐ No

7) Are there any potential liens on the property? ☐ Yes ☐ No

8) Any changes in the financial status of the contractor or site owner? ☐ Yes ☐ No

9) Does the General Contractor/Renovation Contractor have CGL Insurance? ☐ Yes ☐ No

10) On what date did the municipality issue the building permit it?

11) If the applicant is acting as the General Contractor, please provide a detailed history of prior experience as General Contractor:

Miscellaneous underwriting information/comments:

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: