



BUILDERS RISK APPLICATION

Name of Broker: _____ Date: _____

Name of Insured: _____ Policy No.: _____

Address of Insured: _____

Quote requested for:

1. Address of Insured Location:

2. Name of: a) Owner: _____

b) General Contractor: _____

c) Consulting Architect/Engineer: _____

If Insured is the owner, what are their other business operations, if any?

3. Description of project (Enclose copies of plan, if available):

4. Location of project:

What is the construction of the building ? (e.g. frame)

Proximity to other buildings, roads, railways, bridges, underground and overhead services (hydro, gas, telephone, sewers, watermains, etc.):

Details of any relocation of existing services (roads, railways, powerlines, etc.):

Any excavation operations? _____ Total Depths: _____

Any blasting, pile-driving, shoring, underpinning or demolition? If yes, please provide full details.

5. Estimated total project cost: _____

Proposed starting date: _____

Estimated completion date: _____

Breakdown of major sub-trades:

Sub-let work	Estimated Cost

6. Limits of Liability required: _____

Deductible: _____

7. How does the Insured safeguard materials and equipment left at the job site? _____

8. Upon completion, what will be the occupancy? _____

9. Is testing of equipment to be included? Yes No
If Yes, please advise full details: _____

10. Any watchman on site after normal construction activities have ceased for the day?
 Yes No
If Yes, please advise full details: _____

11. What are the qualifications in the screening of watchman? _____

12. **ADDITIONAL COMMENTS:** _____

Signed by: _____

Title: _____

Date: _____