

# BUILDER'S RISK APPLICATION



Effective Date	Expiry Date	Term
DD MM YY	DD MM YY	(in months)
12:01 AM Standard Time	12:01 AM Standard Time	

General Contractor   
 Owner

Applicant's Name
Address (Street and No.)
City/Town

Broker Name, Address & Number
-------------------------------

Legal Location
Lot Block Plan
Address (Street & No.)
City/Town

Occupancy Once Completed		
No. of Storeys		
New Building <input type="checkbox"/>	Addition to Existing Building <input type="checkbox"/>	Renovations or Alterations <input type="checkbox"/>

Construction Details: (If mixed construction indicate percentage of each type)

Walls	Roof Deck
Interior Finish	Roof Covering
Main Partitions (Interior)	Floors (Describe each floor separately)

## General Information

1. Has any Insurer ever cancelled or declined to issue insurance for this applicant? Yes  No   
 If yes, explain:

\_\_\_\_\_

2. Will explosives be used at anytime? Yes  No  If yes, explain:

\_\_\_\_\_

3. If contractors temporary buildings and supplies are to be insured, state amount: \$ \_\_\_\_\_

4. Completed value of building or structure: \$ \_\_\_\_\_

Total amount of insurance \$ \_\_\_\_\_

5. Type of coverage required: Fire & E.C.   
 All Risk

6. Deductible amount (refer to rate manual) \$ \_\_\_\_\_

7. Loss Payable to (Name & Address) \_\_\_\_\_

Consumer and previous insurer reports containing personal, credit, factual record, premium payment, claims history or investigative information may be sought or exchanged in connection with this application for insurance or a renewal, extension, variation or cancellation thereof. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

The answers above are correct to my best knowledge and belief

---

Signature of Applicant

Date (d/m/y)