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| **BUILDER’S RISK (Course of Construction)** –LONG-FORM APPLICATION FOR INSURANCE |

**APPLICANT INFORMATION**

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| Applicant: |  |
| Mailing address: |  |
| Applicant’s email (REQUIRED for e-signature): |  |

**CONSTRUCTION PROJECT INFORMATION**

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| Project Location / Address : |       |
| Start Date: |       | Estimated Completion Date: |       |

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| Nature of work: | [ ]  New Construction of Structure(s) (100%)  | [ ]  Renovation to Existing Structure (100%)  |
|  | [ ]  Addition to + Renovation to Existing Structure  | [ ]  New Structure and Renovation of Existing |
|  | [ ]  Road works  | [ ]  Bridges / Overpasses  |
|  | [ ]  Other:  |       |
|  | If renovation works, please confirm the year built of existing structure:  |       |
|  | Existing structure - construction: | [ ]  Wood Frame | [ ]  Non-Combustible |
|  |  | [ ]  Fire Resistive | [ ]  Other: |       |
|  | [ ] Please attach any appraisal or condition report for the existing structure. |

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| Intended Occupancy: |  |
| [ ]  Single-family detached home(s) | [ ]  Multi-family apartment | [ ]  Road works |
| [ ]  Commercial building (retail, office) | [ ]  Multi-family condo apartment | [ ]  Manufacturing building |
| [ ]  Industrial building | [ ]  Townhome block(s) | [ ]  Other:  |       |

**DESCRIPTION OF CONSTRUCTION**

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| Number of Buildings/Structures to be Constructed During Term: |       | Total Square Footage: |       |
| Number of Stories above grade: |       | Number of Stories below grade: |       |  |
|  |  |  |  |
| Construction Type: | [ ]  Wood Frame | [ ]  Non-Combustible  | [ ]  Fire Resistive  |
|  | [ ]  Other:  |       |
| Roof Construction: | [ ]  Wood | [ ]  Steel Deck | [ ]  Concrete | [ ]  Other: |       |
| Roof Finish: | [ ]  Shingles | [ ]  Tar & Gravel | [ ]  Torch-on Membrane | [ ]  EPDM (no heat) |
|  | [ ]  Other: |       |  |
| **NATURAL DISASTER EXPOSURE** |
| Has the risk location ever been evacuated or put on notice of evacuation due to wildfire? | [ ]  No [ ]  Yes  |
|  | If yes, please explain: |       |
| Has the risk location ever been evacuated or put on notice of evacuation due to flood? | [ ]  No [ ]  Yes  |
|  | If yes, please explain: |       |
| Distance to the nearest body of water: |       (ft.) | Name of nearest body of water: |       |
| Describe the precautions taken to prevent run-off or flood damage:  |       |
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| **SITE CONDITIONS**Nature of the ground being built on: | [ ]  Flat  | [ ]  Sloped | [ ]  Hillside  |
| Is there a Geotech report in place: | [ ]  No [ ]  Yes  |
| Will all Geotech report recommendations be followed:  | [ ]  No [ ]  Yes  |

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| Will the project have attachment or connection to an existing structure? | [ ]  No | [ ]  Yes, describe:  |       |
| Will the project require some blasting or demolition? | [ ]  No | [ ]  Yes, describe:  |       |
| Will the project require shoring? | [ ]  No | [ ]  Yes, describe:  |       |
| Will the project require underpinning? | [ ]  No | [ ]  Yes, describe:  |       |
| Will the project require pile driving work? | [ ]  No | [ ]  Yes, describe:  |       |
| Will there be any hot tar or torch works for roof or patio installs? | [ ]  No | [ ]  Yes, describe:  |  |

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| **ADJACENT EXPOSURES** |
| North - Distance to nearest structure? |      ft. | Occupancy: |       | Construction type:  |       |
| South - Distance to nearest structure? |      ft. | Occupancy:  |       | Construction type:  |       |
| East - Distance to nearest structure? |      ft. | Occupancy: |       | Construction type:  |       |
| West - Distance to nearest structure?  |      ft. | Occupancy: |       | Construction type:  |       |

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| **LOSS CONTROL** |  |
| Will the project have risk management program in place (ie traffic control, vibration monitoring, etc.)? | [ ]  Yes [ ]  No |
| Will the project be fully fenced? | [ ]  Yes [ ]  No |
| Will the project have an onsite security guard? | [ ]  Yes [ ]  No |
| Will the project have site surveillance cameras? | [ ]  Yes [ ]  No |
|  Name of electronic surveillance company: |       |  |
| Will any portion of the project be occupied prior to the completion? | [ ]  Yes [ ]  No |
|  If yes, please explain (details and details of risk management in place to protect other occupiers and the public): |
|  Details:  |       |

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| **GENERAL CONTRACTOR / PROJECT MANAGER** |  |
| Is there a professional General Contractor or professional Project Manager? | [ ]  No [ ]  Yes  |  |
|  Full name of General Contractor/Project Manager: |       |  |
| Does the General Contractor or Project Manager carry an annual CGL policy? | [ ]  No [ ]  Yes |  |
|  Number of years experience:  |       |  |
|  List the 3 largest projects completed over the last 5 years: |
| 1.
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| 1.
 |
| 1.
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| **LOSS HISTORY** |
| Has the **owner** had any prior losses (claimed or not) under a construction policy in the last 5 years?  |  [ ]  No [ ]  Yes |
|  If yes, Details (Date, Cause, $): |       |  |
| Has the **developer** had any prior losses (claimed or not) under a construction policy in the last 5 years? |  [ ]  No [ ]  Yes |
|  If yes, Details (Date, Cause, $): |       |  |
| Has the **general contractor or project manager** had any prior losses (claimed or not) under a construction policy in the last 5 years? | [ ]  No [ ]  Yes |
|  If yes, Details (Date, Cause, $): |       |  |
| Has **owner, developer, general contractor or project manager** ever had insurance refused or cancelled? |  [ ]  No [ ]  Yes |
|  If yes, Details: |       |

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| **MORTGAGEE** |
| Name: |       |
| Address: |       |

**REQUESTED BUILDER’S RISK COVERAGE LIMITS**

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| Course of Construction Works (Hard Costs): | $       |
| Soft Costs (finance, fees + other recurring carrying cost): | $       |
| Delayed Project Completion (Loss of Rental Income): | $       | Max in any one month |
|  | $       | Maximum Payable |
| **Other Property Requiring Insurance** |  |  |
| Existing Building/Structure: | $       |  |
| Temporary Structures, Scaffolding, etc.: | $       |  |
| Optional – Equipment Breakdown Insurance: |  [ ]  Yes [ ]  No |

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| **WRAP-UP LIABILITY LIMIT**  |
| Does the Applicant require a Wrap-Up Liability quote: ☐ Yes ☐ No |
| Liability Limit: | ☐ $2,000,000  | ☐ $5,000,000  | ☐ $10,000,000  |
| Deductible: | [ ]  $5,000 | [ ]  $10,000 | [ ]  $25,000 |

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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  |
| The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |
| **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |

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| **Applicant Signature:** |  | **Date:** |  |
| **Brokerage:** |       | **Broker ID#:** |        | **Broker Name:** |  |
| **Broker Email:** |       |  |  | **Phone:** |  |

**Email completed apps to newconstruction@forwardinsurance.ca.**