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| **BUILDERS RISK** – RENEWAL QUESTIONNAIRE |

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| NOTE - The project must be valued to the construction budget, a current replacement cost calculator, OR a minimum rebuild cost per square foot ($200 in BC, $185 rest of Canada), WHICHEVER NUMBER IS HIGHER. |

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| Insured Name: |  |
| Policy #: |  |
| Expiry Date: |  |

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| Reason for Delays: | | | | | | | | | | | |
| Permit delays, labour or materials shortage | | | | | Weather-related | | | | Contractor(s) dispute | | |
| Contractor/project manager has been changed | | | | | Financial struggles | | | | Loss or damage occurred on site | | |
| Significant change in design or scope | | | | |  | | | |  | | |
|  | | | | | | | | | | | |
| Percentage of the project budget that remains to complete work: | | | | | | | | | % |  | |
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| Have there been any changes in the insured's financial position? | | | | | | | | | | Yes\*  No | |
|  | \*If yes, details: | |  | | | | | | | | |
| Have there been any incidents on the project site (damages, vandalism, trespassers, etc.)? | | | | | | | | | | Yes\*  No | |
|  |  | | | | | | | | |  | |
|  | \*If yes, please explain: | | |  | | | | | | | |
| Do you require an increase in policy limits? | | | | | | | | | | Yes\*  No | |
|  | \*Please note any increases will result in retroactive charges. | | | | | | | | | | |
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| PLEASE ONLY ENTER AN AMOUNT BELOW IF THE AMOUNT HAS INCREASED | | | | | | | | | | | |
| New Course of Construction Works (Hard Costs): | | | | | | | | | | $ | |
| New Soft Costs (finance, fees + other recurring carrying costs): | | | | | | | | | | $ | |
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| Requested extension period (minimum monthly increments): | | | | | | | | | |  | months |
|  | | | | | | | | | |  | |
| **Issuance Info (please complete below if any changes to loss payees are needed)** | | | | | | | | | |  | |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address) | | | | | | | | | | | |
|  | Full Name: |  | | | | Address: | |  | | | |
|  | Full Name: |  | | | | Address: | |  | | | |
| Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.) | | | | | | | | | | | |
|  | Full Name: |  | | | | Address: | |  | | | |
|  | Full Name: |  | | | | Address: | |  | | | |
| Applicant Mailing Address: | | | | | |  | | | | | |
| **Wildfire + Flood** | | | | | | |  | | | | |
| Is this risk located within 25kms of a current wildfire? | | | | | | | | | | Yes  No | |
| Is this risk located in an area that is currently under flood warning? | | | | | | | | | | Yes  No | |

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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 LTD. 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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| **Signature of Applicant(s):** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID#:** |  |
| **Broker Email:** |  | **Phone:** |  |

**Email completed apps to newconstruction@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**