

BROKERAGE INFORMATION

Date quote required _____

Brokerage _____ Producer _____

When available, provide:

- (a) BREAKDOWN OF VALUES for the various structures and types of work;
- (b) SITE PLAN indicating distance, construction and occupancy of exposures;
- (c) SCHEDULE OF CONSTRUCTION;
- (d) SUMMARY and RECOMMENDATIONS for the GEOTECHNICAL REPORT;
- (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES;

APPLICANT INFORMATION AND GENERAL INFORMATION:

1. Name of Applicant _____

2. Address of Applicant _____
_____ Postal Code: _____

3. Name of Project _____

4. Address / Location of Project _____

5. Description of Project _____

6. Project Participants (Names):

Owner _____

Project / Construction Manager _____

General Contractor _____ Years Experience _____

Prime Architectural / Engineering Consultant _____

Geotechnical Engineer _____

List of Sub-Contractors (or as attached) _____

7. Sub-Contractors:

Do you check for previous experience and history of sub-Contractors: Yes No

Do you insist on written contracts with sub-Contractors: : Yes No

Do all sub-Contractors carry full General Liability Insurance Yes No

8. Construction Period: From _____ To _____
Policy Term (if different from above): From _____ To _____

9. Construction Data:

Height of structure: Storeys Feet or Metres
Below Grade: _____
Above Grade: _____
Total Area (indicate Sq. Feet or Sq. Metres): _____
Construction Materials: _____
Framework: _____
Exterior Walls: _____
Roof: Structure: _____ Covering: _____
Floors: Structure: _____ Covering: _____

10. Adjacent Structures (attach site plan if available):

Type of Construction Occupancy Distance
North _____
East _____
South _____
West _____

11. Security:

Is Site Fenced? Yes No Height / Type: _____
Watchman Service? Yes No Hrs. / Rounds: _____
Alarm: Yes No Alarm Sounds to: _____
Is Site Lit Yes No

12. Neighbourhood (describe): _____

13. Subsurface Operations:

Describe nature, duration, value and relationship to both the project and to adjacent structures.
Blasting: _____
Shoring: _____
Pile Driving: _____
Underpinning: _____

14. List Project Manager's / General Contractor's five (5) largest projects in the past five (5) years:

Name	Type	Location	Value (\$100,000's)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Financials:

Does the General Contractor has a Performance Bond for this project. Yes No

BUILDER'S RISK:

1. Total Estimated Project Value: \$ _____ (**Attach breakdown.**)

Hard Costs: \$ _____ (Labour, materials, professional fees to enter into and form part of the project.)

Soft Costs: \$ _____ (Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying costs.)

2. Other Property to be insured: \$ _____

If coverage is required to existing structure, equipment to be furnished by the owner, etc., detail age, construction, condition, occupancy of such property:

3. Coverage: Limits Deductible

Value of Project \$ _____ \$ _____

Other Property to be insured \$ _____ \$ _____

Sublimits Limits Deductible

Soft Costs (other than 3. above) \$ _____ \$ _____

Delayed Start-up (see 3. above) \$ _____ \$ _____

Offsite \$ _____ \$ _____

Transit \$ _____ \$ _____

Testing (electrical/mechanical breakdown during commissioning) _____ weeks \$ _____

4. List offsite locations and maximum value at each: _____

5. Transit:

List key items (individual items over \$100,000 value) point of origin, location where insured accepts responsibility (F.O.B.): _____

6. Testing:

(a) Who will perform testing operations? _____

(b) Describe operations involved in testing and commissioning: _____

(c) Will project involve installations of any used equipment? Yes No

7. Location Information:

(a) Distance to nearest Fire Department _____ Paid Volunteer

(b) Name of City or Town providing protection _____

(c) Hydrants (operational) _____ Number within 1,000 ft. _____

(d) Number of fire extinguishers situated on the construction site _____

(e) Are all sub-Contractors required to provide and maintain portable fire extinguishers where they are working? Yes No

(f) Will the project be sprinklered? Yes No

If so, at which time will the sprinkler system be in operation? _____

(g) What "firebreaks" are proposed? _____

8. Construction Data:

(a) Has a geotechnical report been completed?

If not, please advise reasons: _____

(b) Will the project be constructed in compliance with geotechnical recommendations?

Yes No With Modifications

If modifications, describe in detail: _____

(c) If copy of geotechnical report summary and recommendations is not available, describe soil descriptions: _____

(d) Type of foundation for each structure: _____

(e) Are wood forms to be used? Yes No

(f) Describe any unusual or experimental features in construction or design: _____

(g) Describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included: _____

9. Flood Exposure:

(a) Nearest body of water: Name: _____ Distance: _____

(b) Past flood history at site: _____

(c) Height of project above maximum flood stage: _____

(d) Describe exposure during and after excavation from surface water: _____

(e) Describe precautions to be taken to prevent damage from flood: _____

(f) What is being done to prevent run-off damage? _____

10. Site Risks:

Detail exposures from:

(a) Winter heating conditions (type of heaters) _____

(b) Explosion (detail use of any highly flammable or explosive materials to be present on site): _____

11. Provide details of LOSS CONTROL PROGRAM to be implemented to protect insured property: _____

12. Claims Experience:

Detail any Builders Risk or Installation Floater claims (exceeding \$5,000 per loss) incurred by any of the following during the past five (5) years: (Owner, General Contractor, Project / Construction Manager) (Indicate date, amount, nature of claim):

DECLARATION & SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

THIS APPLICATION MUST BE SIGNED BY THE RISK MANAGER OR OTHER PERSON RESPONSIBLE FOR PURCHASING INSURANCE.

Applicant's Name (please print) _____ Title _____

Applicant's Signature _____ Date _____

Broker's Signature _____ Date _____