

# Petrela, Winter & Associates

## Insurance Brokers - Bond Consultants

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### BUILDER'S RISK APPLICATION

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**SPECIAL NOTE:** Each construction project presents unique exposures. Detailed information and submission of all documents/plans requested increases our efficiency and results in the most favourable terms.

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 from the GEOTECHNICAL REPORT;
  - (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.
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1. Name of Applicant:

2. Address of Applicant:

Postal Code:

3. Name of Project:

4. Address/Location of Project:

5. Full Description of Project:

6. Project Participants (Names):

Owner:

Project/Construction Manager:

General Contractor:

Prime Architectural/Engineering Consultant:

Geotechnical Engineer:

7. Construction Period: From:

To:

Policy Term (if different from above): From:

To:

8. What is the bid date for this project?

9. By what date do you require a quote?



17. Total Estimated Project Value: \$ (Attach breakdown if available)

What percentage is: New Construction % Addition % Renovation/Retrofit %

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.)

18. Other Property to be insured:

(a) Existing building: \$

(b) Temporary buildings, scaffolding, falsework, forms and hoarding: \$

If coverage is required for either (a) or (b) above, detail age, construction, condition and occupancy of such property:

19. Is BUSINESS INTERRUPTION COVERAGE (DELAYED START-UP) required?  YES  NO

If so, detail type of income: for \$

Total limit being \$ per month for month(s) indemnity period

20. Coverage Limits Deductibles

Value of Project \$ \$

Other Property to be Insured \$ \$

Sublimits Limits Deductibles

Soft Costs (other than 19. above) \$ \$ days waiting

Delayed Start-up (see 19. above) \$ \$ period

Offsite \$ \$

Transit \$ \$

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

21. Will there be occupancy (partial or full) during construction  YES  NO  
 NO If yes, please provide details:

22. List offsite locations and maximum value at each:

23. Transit:

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

24. Testing: (a) Who will perform testing operations?

(b) Describe operations involved in testing and commissioning:

(c) Will project involve installation of any used equipment?  YES  NO

25. Location Information:

- (a) Distance to nearest Fire Department:
- (b) Name of City or Town providing protection:
- (c) Hydrants (operational): Number within 1,000 ft.:
- (d) Describe private fire protection:
- (e) Will the project be sprinklered?  YES  NO  
If so, at which time will the sprinkler system be in operation?

26. Construction Data:

- (a) Has a geotechnical report been completed?  YES  NO  
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 conditions:
- (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:

27. 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?

28. 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):

29. IF SOFT COSTS/DELAYED START-UP COVERAGE IS REQUIRED, please detail:

(a) Contracted completion date:

Anticipated completion date:

(b) Anticipated replacement times for key items if reorder necessitated (i.e. boilers, turbines, generators etc.):

Item	Delivery Period	Supplier Location
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30. Provide details of LOSS CONTROL PROGRAM to be implemented to protect insured property:

31. Claims Experience:

Detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the following during the past three (3) years: (Owner, General Contractor, Project/Construction Manager); (Indicate date, amount, nature of claim):

**APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby authorize Petrela Winter & Associates to transmit the information contained herein to one or more Insurance Companies for the sole purpose of obtaining an insurance quote.

Moreover, I authorize Petrela Winter & Associates to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

**DECLARATIONS AND SIGNATURE**

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It is understood and agreed that the completion of this Application does not bind coverage.

Signature of Applicant

Date

Print Name