



Builders Risk Application

Commercial Projects

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BUILDERS RISK APPLICATION FOR COMMERCIAL PROJECTS

APPLICANT INFORMATION

Broker: _____ Email Contact: _____ Phone: _____

Name of Applicant(s): _____

Applicants email address: _____

Mailing Address: _____ Postal Code: _____

PROJECT INFORMATION

Construction Period: _____ Months From: _____ To: _____

Policy Term (if different from above): _____ From: _____ To: _____

Address /Location of Project: _____ Postal Code: _____

Description of Project:

Total Sq Footage of completed finished structures: _____

Number of separate structures: _____

If project consists of multiple structure , will project be completed in phases?

☐ No ☐ Yes

If yes, please describe:

Number of stories above grade: _____ Number of stories below grade: _____

Is there Underground Parking ☐ No ☐ Yes If Yes how many levels of parking? _____

TYPE OF WORK/OCCUPANCY

New Construction <input type="checkbox"/>	Renovation/ to existing structure <input type="checkbox"/>	Government Building – Education <input type="checkbox"/>
Roof replacement <input type="checkbox"/>	Addition to existing Structure <input type="checkbox"/>	Government Building - Other <input type="checkbox"/>
Envelope Remediation <input type="checkbox"/>	Sire Services <input type="checkbox"/>	Manufacturing Building <input type="checkbox"/>
Roadwork <input type="checkbox"/>	Bridge or Overpass <input type="checkbox"/>	Residential Building – up to 6 units <input type="checkbox"/>
Water/Utilities Improvement <input type="checkbox"/>	Infrastructure – New <input type="checkbox"/>	Multi-Family Apartment Block <input type="checkbox"/>
Infrastructure -Upgrades <input type="checkbox"/>	Tenants Improvements – Office <input type="checkbox"/>	Commercial Building - office <input type="checkbox"/>
Tenants Improvements – Mercantile <input type="checkbox"/>	Tenants Improvements – Hospitality <input type="checkbox"/>	Light Industrial Building <input type="checkbox"/>
Agricultural Building <input type="checkbox"/>		
Do you require coverage for existing structure? <input type="checkbox"/> No <input type="checkbox"/> Yes		Year Built: _____
What is the intended purpose after completion?		
Owner Occupancy : <input type="checkbox"/>	Tenant Occupancy <input type="checkbox"/>	Infrastructure Presold 100% <input type="checkbox"/>
Spec not 100% sold <input type="checkbox"/> <input type="checkbox"/> Other, please describe _____		

CONSTRUCTION INFORMATION

Construction of Structure

☐ Wood ☐ Non-Combustible ☐ Other: _____

Exterior Walls: ☐ Wood ☐ Non-Combustible ☐ Other: _____

Siding: ☐ Wood ☐ Vinyl ☐ Other: _____

Floors: ☐ Wood ☐ Non-Combustible ☐ Other: _____

Roof Structure: ☐ Wood ☐ Non-Combustible ☐ Other: _____

Roof Finish/Covering ☐ Shake ☐ Asphalt Shingle ☐ Other: _____

Any hot tar roofing ☐ No ☐ Yes

Any Torch-On ☐ No ☐ Yes

SURROUNDINGS

Adjacent Structures (attach site plan if available):

	Type of Construction	Occupancy	Distance (Feet)
North			
South			
East			
West			

Type of Neighborhood: ☐ Residential ☐ Commercial ☐ Other, please explain: _____

Flood Information: _____ Nearest body of water: _____ Distance: _____

Has the risk location ever been put on notice or evacuated due to Flood ☐ No ☐ Yes

If yes, please explain: _____

Any precautions taken to prevent damage from flood: ☐ No ☐ Yes

If yes, please explain: _____

Has the risk location ever been put on notice or evacuated due to Wildfire ☐ No ☐ Yes

If yes, please explain: _____

SITE PROTECTION/ LOSS CONTROL INFORMATION

Hydrant Protected: ☐ No ☐ Yes Distance to nearest Fire Department: _____

Please describe any private fire protection: _____

Will the project be Sprinklered? ☐ No ☐ Yes If yes, when will it be operational? _____

Is the site fully fenced? ☐ No ☐ Yes Height / Type: _____

Watchman services? ☐ No ☐ Yes Hours / Rounds: _____

Monitored Alarm at lock up & onward? ☐ No ☐ Yes Alarm sounds to: _____

Video surveillance? ☐ No ☐ Yes Type: _____

Site Lighting? ☐ No ☐ Yes

Any Hot Tar for Roof/Patios ☐ No ☐ Yes

Will any portion of project be occupied prior to completion ☐ No ☐ Yes

If yes, provide details of risk management: _____



ADDITIONAL DOCUMENTATION

Site Plan ☐ No ☐ Yes if yes please attach

Geotech Report ☐ No ☐ Yes if yes please attach.

Will all recommendations be completed as requested ☐ No ☐ Yes If No please explain: _____

Construction Breakdown/ Budget ☐ No ☐ Yes if yes please attach

Are there any other documents that can help improve terms we can provide e.g. photos, claims summaries, resumes)

☐ No ☐ Yes if yes please attach

GENERAL CONTRACTOR / PROJECT MANAGER INFORMATION

Does this project have a professional General Contractor or Project Manager: ☐ No ☐ Yes

if NO explain who is managing the project ?

If NO:

Name of General Contractor (if not Applicant):

Is the General Contractor bonded? ☐ No ☐ Yes Do they have CGL Insurance Coverage? ☐ No ☐ Yes

☐ Very Experienced ☐ Experienced ☐ Limited Experience ☐ Unknown

Is the General Contractor a member of the Home Builder's Association? ☐ No ☐ Yes

Has the General Contractor:

- | | |
|---|--|
| 1. Had any complaints filed with the BBB or any other Consumer Protection Agency? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. Been expelled, suspended or refused registration by a warranty program? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. Ever participated in a dispute settlement or arbitration with a homeowner? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If yes to any of the above 3 questions, please provide details: _____

List the 3 largest projects completed by the General Contractor/Project Manager in last 5 years (including value and type of construction): _____



COVERAGE REQUIREMENTS

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

Hard Costs: \$ _____ Deductible: \$ _____

Soft Costs: \$ _____ Deductible: \$ _____

Transit: \$ _____ Deductible: \$ _____

Offsite: \$ _____ Deductible: \$ _____

Other: \$ _____ Deductible: \$ _____

Limit of Liability (Premises Liability / Owners Protective): \$ _____ Deductible: \$ _____

OPTIONAL COVERAGES

EQUIPMENT BREAKDOWN – do you wish to add this coverage ☐ No ☐ Yes

DELAYED PROJECT COMPLETION EXTENSION (ie loss of rental income etc) – do you wish to add this coverage ☐ No ☐ Yes

Do you require delayed project completion extension

Maximum payable any one month \$ _____ Maximum payable any one loss \$ _____

MORTGAGEE

Is there a Mortgagee? ☐ No ☐ Yes

List in order ALL mortgages, loss payees, additional interests and or other interested parties (name and address):

Name of Mortgagee 1: _____

Full Address: _____ Postal Code: _____

Name of Mortgagee 2: _____

Full Address: _____ Postal Code: _____

Name of Applicant(s): _____

Applicants email address: _____

Mailing Address: _____ Postal Code: _____

Please add any Additional Insureds required with respect to liability coverage (e.g. Landlords, Contractual Requirements etc.)

LOSS HISTORY

Has the Applicant/ Owner had any prior claims losses, incidents (claimed or not) in the last 5 years ☐ No ☐ Yes

Has the General Contractor/Manager had any prior claims losses, incidents (claimed or not) in the last 5 years
☐ No ☐ Yes

Has the Developer had any prior claims losses, incidents (claimed or not) in the last 5 years ☐ No ☐ Yes

If yes to any of the above 3 questions, please provide details (Date, Cause, Amount \$) :

Have there been any incidents/known losses at the project location? ☐ No ☐ Yes

If yes, please describe it in detail:

Has the Applicant/Owner, General Contractor or Developer ever had any insurance refused or cancelled?

☐ No ☐ Yes

If yes, please describe in detail:



MISCELLANEOUS INFORMATION

(Please provide any additional information – where the space provided was insufficient)

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

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Vailo Insurance Services Ltd. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Vailo Insurance Services Ltd., its insurers or service providers 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 purpose of investigating, defending, negotiating or settling any claims as required.

DECLARATION AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Completed by: _____ Date: _____

Position: _____ Signature: _____