



## **Builders Risk Application – Residential**

**Vailo Insurance Services Ltd**

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## BUILDERS RISK APPLICATION – RESIDENTIAL

### GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Is the Applicant(s) new to the broker:  No  Yes If no, how long have you known the Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Mortgage: \_\_\_\_\_

### PROJECTION INFORMATION

Construction Period: \_\_\_\_\_ Months From: \_\_\_\_\_ To: \_\_\_\_\_

Policy Term (if different from above): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address /Location of Project: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Pre-Sold / Owner Occupied  Speculation Finished Area (Sqft): \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Description of Project:  House  Duplex  Triplex  Other: \_\_\_\_\_

New Construction?  No  Yes Renovation?  No  Yes If yes, please provide a complete description of the renovation work, including the cost of the renovations and value of the existing structure: \_\_\_\_\_

\_\_\_\_\_

Any detached structures?  No  Yes If yes, please provide the value of each structure and distance between each structure: \_\_\_\_\_

\_\_\_\_\_

Site Plan attached:  No  Yes

### GENERAL CONTRACTOR INFORMATION

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?  No  Yes

2) Been expelled, suspended or refused registration by a warranty program?  No  Yes

3) Ever participated in a dispute settlement or arbitration with a homeowner?  No  Yes

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

\_\_\_\_\_

\_\_\_\_\_

Last 3 projects (including value and type of construction): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CONSTRUCTION INFORMATION:**

Construction Materials:	Framework:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Exterior Walls:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Siding:	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other:
	Floors:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Roof Structure:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Roof Covering	<input type="checkbox"/> Shake	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Other:
	Any hot tar roofing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any Torch-On	<input type="checkbox"/> No <input type="checkbox"/> 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: \_\_\_\_\_

Past flood history at site: \_\_\_\_\_

Any precautions taken to prevent damage from flood:  No  Yes If yes, please explain: \_\_\_\_\_

**SITE PROTECTION 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 fenced?  No  Yes Height / Type: \_\_\_\_\_

Watchman services?  No  Yes Hours / Rounds: \_\_\_\_\_

Monitored Alarm at lock up?  No  Yes Alarm sounds to: \_\_\_\_\_

Video surveillance?  No  Yes Type: \_\_\_\_\_

Site Lighting?  No  Yes

**COVERAGE REQUIREMENTS**

Total Estimated Project Value:	\$	(Attach breakdown if available)
Hard Costs:	\$	Deductible: \$
Soft Costs:	\$	Deductible: \$
Transit:	\$	Deductible: \$
Offsite:	\$	Deductible: \$
Other:	\$	Deductible: \$
Other:	\$	Deductible: \$
Other:	\$	Deductible: \$
Limit of Liability (Premises Liability / Owners Protective):	\$	Deductible: \$

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

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**CLAIMS INFORMATION – ALL PROPERTY & LIABILITY**

Describe any insured and uninsured losses having occurred in the past 5 years (please provide a description, date and amount of loss):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**DECLARATION AND SIGNATURE**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_