



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)

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: _____