

BUILDERS RISK APPLICATION



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Formerly A.M. Fredericks Underwriting Management Ltd.

Broker

DATE:

D	D	M	M	Y	Y
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Attn

AMF Broker Number

Name of Applicant

Name(s) of Principal(s)

Name of Project

Contact Name (for inspections)

Contact Phone Number

Mailing Address

Project Address

Description of Project 

If additional space is needed to answer any questions please, use the blank page included with this form on page 3.

Project Owner

Project / Construction Manager

General Contractor

Provide Experience of the Project Participants: _____

Are sub-contractors required to carry liability insurance? Yes No If Yes, specify limits: _____

Provide period from which insurance is required: Effective

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 To Expiry

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If multiple structures, please provide scheduled date of expected completion for each structure _____

Building Construction

Walls (Type of Construction)

Number of Stories

Basement

Floor (Type of Construction)

Area FT² M²

Roof (Type of Construction)

Fire Department (Distance) Within 3km Within 5km Within 10km Over 10km Other (specify) _____

Fire Department (Type) Paid Volunteer Part Paid / Part Volunteer

Will the project be sprinklered? Yes No _____
If Yes, at what stage of development _____

Is the site Flood or Earthquake exposed Yes No _____
If Yes, please advise past history _____

What is the distance to the nearest body of water _____
km

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Describe methods to employ firebreaks between structures:

Will project be constructed in accordance to geotechnical recommendations? Yes No

Will roads be in place to allow emergency vehicles access to the site? Yes No

Please provide complete details of site security for operational and non-operational hours

Is a third party security company used? Yes No If Yes, is proof of CGL insurance obtained Yes No Show Limit

Off site storage location (if over \$50,000 in value) please provide estimate of exposed values and details of security at site Value

Address and details of security at the off site location

Site Information Please provide site plan showing the following:

- 1) Each building to be constructed
- 2) Approximate Value of each building
- 3) Distance between each block of buildings
- 4) Distance to existing structures
- 5) Distance to operational fire hydrants
- 6) Location of site security

Will a Hot Work Permit system be employed? Yes No

How often is debris removed from the site

How is debris stored on site until it is removed?

Will the burning of debris be permitted on site? Yes No

Estimated Project Value: (Attach schedule of cost and timelines if available)

Hard Cost: Labour, materials, professional fees to enter into and from part of the project

Soft Cost Finance costs, additional interest, leasing and marketing expenses, legal, other carrying costs

Other property to be insured: Existing structures, Equipment, Contractor Equipment etc.

Transit (please provide details: i.e. Location or Origin, Shipped F.O.B. to project site, method of transportation etc.)

Total Cost Dollar Value Average Value per Shipment Dollar Value

Value of largest Shipment: Dollar Value

Additional Information related to Application
(Extra Risk Locations, Mortgagees, etc.)

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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 any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance. The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud; or

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to New Brunswick applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du le Nouveau-Brunswick seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at PrivacyOfficer@swgins.com

1815 Ironstone Manor
Pickering, Ontario
L1W 3W9
Tel: 905-428-1269
Fax: 905-428-3977

Our Privacy Policy and Commitment to Protecting Your Privacy

As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

Print Name and Title

DATE:

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Signature of Applicant or Authorized Representative

Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally?

Yes No

If Yes, for how long?

2. Did you receive the order direct from the Applicant?

Yes No

If No, from whom and why?

3. Do you handle other Insurance for the Applicant?

Yes No

If yes, which coverages.

4. Do you recommend this risk in every respect?

Yes No

If no, please explain

5. Is this risk a renewal to your Office?

Yes No

If yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located?

Yes No

DATE:

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Broker's Signature _____