

BUILDERS RISK FAST QUOTE APPLICATION – For Residential Projects under \$1 Million 1 of 2

GENERAL INFORMATION

APPLICANT'S NAME: _____ NEW RENEWAL

MAILING ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

FIVE-YEAR CLAIMS HISTORY: YES NONE If yes, list: _____

MORTGAGEE: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

GENERAL CONTRACTOR

Name (If not assured): _____ Years in Business: _____

Five-Year Claims history: _____ CGL Insurer: _____

Last 3 projects (value and type): _____

PROJECT

Address: _____ City: _____ Province: _____ Postal Code: _____

Description of Project: House Duplex Triplex Other (Describe): _____

New Construction? YES NO Speculation Pre-sold /owner occupied

Renovation? YES NO

Description of Renovations: _____

Is this a Heritage Building or Site? YES NO Cost of renovations:\$ _____ Value of existing structure:\$ _____

DESCRIPTION OF CONSTRUCTION

WALLS	SIDING	FLOORS	TYPE OF ROOF	FOUNDATION	SOIL TYPE ON BUILDING SITE
Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Concrete <input type="checkbox"/>	Clay <input type="checkbox"/>
Non Combustible <input type="checkbox"/>	Brick <input type="checkbox"/>	Non Combustible <input type="checkbox"/>	Non Combustible <input type="checkbox"/>	Other <input type="checkbox"/>	Rock <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Tar And Gravel <input type="checkbox"/>	Feet Below Grade: _____	Landfill <input type="checkbox"/>
			Shakes <input type="checkbox"/>	_____ feet	Other <input type="checkbox"/>
			Other <input type="checkbox"/>		

Hot Tar roofing: YES NO Torch on application: YES NO

Standard Frame Construction Techniques: YES NO

If no, explain: _____

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COVERAGE

Perils Required: All risk Fire and EC Flood / Earthquake

Start Date of foundations: _____ Completion Date: _____

Hard Costs: \$ _____ [Replacement Cost To Rebuild: Labour, Materials, Professional Fees, Etc]

Soft Costs: \$ _____ [Finance Costs, Leasing, Marketing, Legal, Accounting, Interest, Other Carrying Cost]

T.I.V. Sum Insured: \$ _____ Deductible: _____

Extension: Off site /Transit coverage:\$ _____ Other: _____

Total Square footage: _____ sq ft. Cost per Square foot:\$ _____ RCT: YES NO

If Flood is a required: _____ Distance from nearest body of water: _____ Height above body of water: _____

Is it in a Federal flood zone? YES NO

PROTECTION

Hydrant: YES NO Distance to fire hall _____ km. Volunteer Fully paid

Private fire protections (sprinklers/extinguishers/water tanks etc): _____

Type of Neighborhood: Residential Commercial Mixed Other

Crime: Low Crime High Crime Declining Improving Other

Distance to closest occupied area in feet? _____ Is project viewable from road? YES NO

Site lighting: Is site well lit? YES NO Street only: Additional lighting dusk to dawn YES NO

Fencing 6 feet height: YES NO Monitored Alarm at lock up? YES NO

Have you ever had insurance refused or cancelled? YES NO If yes, please explain: _____

It is understood that the personal information, furnished through this request, will be used by the Premier Marine Insurance Managers for the investigation and determination of the possibly applicability of insurance, and for such other lawful purposes in accordance with any federal or provincial laws that may apply.

Applicant's Name: _____ Applicant's Signature: _____

Brokerage: _____ Broker Signature: _____

Date: _____ Email: _____

Fax No: _____ Tel No: _____