

LPI Builders Risk Application - Residential

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#110 - 7340 Westminster Hwy Richmond, BC V6X 1A1

LEGEAR • PELLING

INSURANCE AGENCIES LTD.

Community Minded Customer Committed

PART 1: GENERAL INFORMATION

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Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Mortgagee: _____

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied; _____

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

PART 2: PROJECT INFORMATION

Risk Location Address: _____ Postal Code: _____

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

Number of storey: _____ Total square footage: _____

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: _____

Pre-Sold / Owner occupied Speculation

PART 3: GENERAL CONTRACTOR INFORMATION

Name (If not Insured): _____

Experience: Very Experienced Experienced Limited Experience Unknown

Number of Years in Business: _____ Current Insurer: _____

Last 3 Projects (including value and type of construction): _____

PART 4: CONSTRUCTION INFORMATION

Risk Location Address: _____ **Postal Code:** _____

Exterior Walls: Wood Non Combustible Other, please explain: _____

Siding: Wood Brick Vinyl Other, please explain: _____

Floors: Wood Non Combustible Other, please explain: _____

Roof: Wood Non Combustible Tar & Gravel Shake Other, please explain: _____

Foundation: Concrete Other, please explain: _____

Nature of Ground: Flat Hillside Swampy Other, please explain: _____

Soil Type on Building Site: Shale Sand Rock Filled Ground Other, please explain: _____

Any Hot Tar Roofing: No Yes **Any Torch-On Application:** No Yes

Any Blasting/Piling/Underpinning: No Yes If yes, please explain: _____

PART 4: SITE PROTECTION INFORMATION

Hydrant Protected: No Yes **Distance to Fire Hall:** _____ Km.

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

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

Site Security: Is the Site Fenced? No Yes Monitored Alarm at lock up? No Yes

PART 5: COVERAGE INFORMATION

Perils Required: All Risk Fire/EC Earthquake Flood

Contract Period: _____ **Months.** **Required Effective Date:** _____

Hard Costs: \$ _____ (Replacement Cost To Rebuild)

Soft Costs: \$ _____ (Finance Costs, Leasing and Marketing Expense, Legal/Accounting Expense)

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

Misc. Extensions: \$ _____ **Deductible:** _____

Limit of Liability (Premises Liability/Owners Protective): _____

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I authorize my broker or insurance company to collect, use and disclose any of this personal information including my claims history and credit information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance, underwriting and/or renewing, extending or changing my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. If there are any changes to the information contained in this application I hereby agree to notify my Insurer of such changes within thirty (30) days of such change. Signing of this application for insurance does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued. **SEE NEXT PAGE FOR SIGNATURE LINES.**

Signature of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____

Signature of Broker: _____ Date: _____

Brokerage Firm: Legear Pelling Insurance Agencies Ltd.

Broker's Tel. 604.276.2474

Broker's Fax. 604.276.2943