

**Builder's Risk Supplement  
For Extensions or Renovations**  
Cambrian Special Risks Insurance Services  
130 Paris Street  
Sudbury ON P3E 3E1  
Phone: (888) 339-6069 Fax: (866)-308-2784  
Email: [quotes@cambrianspecialrisks.com](mailto:quotes@cambrianspecialrisks.com)

**ATTACHED TO AND FORMING PART OF BUILDERS RISK APPLICATION**

1. Project Description and address :
2. Please provide photographs of the risk.
3. Renovation/Extension Start and Finish Date:
4. Replacement Value of Total Renovation/Extension:
5. Actual Cash Value of Existing Building:
6. Is this a current client of your brokerage?  Yes  No
7. Describe the extent to which the building will be "gutted" prior to renovation/extension prior to the project being started:
8. Describe what type of fire protection (i.e. extinguishers/standpipe and hose will be available at the project site:
9. Will any stories be added to the building?  Yes  No If so, please provide a copy of the structural engineering report.
10. Will there be any torch cutting or welding in this project?  Yes  No If yes, will a "Hot Work" Permit system be required by the general contractor or project manager so that anyone doing this type of work will be required to get prior approval before starting the torch, cutting or welding?  Yes  No
11. Age of Building
12. Is this a Heritage Building?  Yes  No
13. Square footage of the finished areas:                      Square footage of the unfinished area:
14. What amount of insurance was carried on the building in the last policy year prior to the date of Questionnaire?
15. Has or will a building permit be obtained for this project?  Yes  No
16. Will the building be occupied during the project?  Yes  No If so, what safety measures will be taken to prevent occupants from entering the work areas?
17. Does the existing building currently contain property (ie furniture and contents)?  Yes  No Please be advised that there is no contents coverage available on this policy.
18. If the building is of mixed construction, what percentage of the following is constructed of wood?
 

Roof	%	Floor	%	Walls	%
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19. Describe the percentage to which the following building systems will be replaced:

- i. Plumbing %
- ii. Electrical %
- iii. Roof %
- iv. Heat %

**OTHER INFORMATION**

1. Please provide any other information you feel would assist in the evaluation of your application:

Applicant Name:

Applicant Signature:

Date:

<b>BROKER CONTACT INFORMATION</b>			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	