

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

ATTACHED TO AND FORMING PART OF BUILDERS RISK APPLICATION

1. Is this applicant a current client of your brokerage? Yes No
2. What was the date of framing for the foundations started?
3. Why was insurance not placed at the time construction started?
4. Are there any potential liens on the property?
5. Are there any know or reported claims or losses to this project? Yes No
6. Any changes in the financial status of the contractor or site owner?
7. Name of General Contractor (MUST CARRY HIS OWN CGL):
8. 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.
9. Please provide photographs of the risk.

OTHER INFORMATION

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

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION

Agent Name:	Address:
Broker Name:	City:
E-Mail:	Province:
Phone:	Postal Code:
Fax:	