

CARRIER:

United States Liability Insurance Company

Builder's Risk Product – New Construction Application

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AND HAVE SIGNED BY THE APPLICANT. Applicant's name: Mailing address: _____ Province/Territory: _____ Postal code: _____ City: __ Location address: ____ Province/Territory: ______ Postal code: _____ City: _ Phone: Web address: E-mail address: ☐ Partnership ☐ LLC ☐ Other ____ Form of business: Individual Corporation Interest of applicant:

Owner Contractor Other _____ E-mail address: ______ Phone: _____ Inspection contact name: ___ Yes Is this a single building? □ No Complete location address of project to be covered (complete a separate application for each location): Description of project: Number of stories: ___ ☐ Yes ☐ No Is there a basement? Is this ground up construction? ☐ Yes ☐ No (If "No," complete our Building Renovation Application) ☐ Yes ☐ No 1. Is this a modular home project? 2. Has any construction work started yet? (If "Yes," risk is ineligible) ☐ Yes ■ No ☐ Fire resistive 3. Construction: ☐ Frame or brick veneer ☐ Joisted masonry ☐ Masonry noncombustible ☐ Noncombustible □ 4 4. FUS Grade (check): ☐ 1 **2 □** 3 **□** 5 **□** 6 **口** 7 □ 8 **9** □ 10 5. Final construction cost (limit desired): \$ _____ Square footage ___ Deductible desired: \$ _____ (Minimum deductible of \$1,000.00 applies) Time needed to complete project: ___ Policy term desired: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months 7. Contractor name/address: 8. Has the applicant or majority partner filed for bankruptcy in the past five years? □ Yes ☐ No 9. Is the project on filled land or does any demolition need to be done prior to construction? Yes ■ No 10. Does the project include any large open atriums equaling three stories or more? Yes ■ No 11. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground ☐ Yes or waterborne exposures? ■ No 12. Does the project include any lift-slab or tilt-up construction methods? Yes ■ No 13. Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/petroleum/energy/ co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet? ☐ Yes ■ No 14. Will the project site be protected by a fence? (If "Yes," this will be a policy warranty) Yes ■ No

15. Will a watchman be on premises during non-working hours? (If "Yes," this will be a policy warranty)	☐ Yes ☐ No
Soft Cost Item	Limit Desired
Interest expense on money the insured borrows to finance construction or reconstruction	\$
Real estate or property taxes	\$
Advertising and promotional expense	\$
Insurance expense	\$
Commissions, legal and accounting costs and fees and administrative expenses incurred as a result of a necessary renegotiating of a lease or leases	\$
Architectural fees, building inspection and permit fees and charges	\$
Storage charges	\$
Survey costs	\$
16. Is soft cost coverage desired? If "Yes," show a limit for any of the following: 17. Mortgagee or loss payee (name and address):	□ Yes □ No
18. Policy effective date: / / / / FULL DISCLOSURE	
that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in or the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statuspecified in relation to a claim, vitiates the claim of the person making the declaration.	der to enable it to judge of material.
PERSONAL INFORMATION CONSENT	
I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:	the purpose of this
i)To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to n the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information	
ii)That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze busin prevent fraud, as permitted by law.	
I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on the	eir behalf.
I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Co	ompliance Officer.
Applicant's Signature: Title:	
(Principal, Partner or Officer)	
Print name: Date:	
If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.	
Agency name: Agent's signature: (Required in Prince Edward Island and	 Saskatchewan)
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Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.

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