Chesterfield Canada, Inc.
Wholesale Insurance Brokers

509 Bronson Avenue, Ottawa, ON. K1R 6J8
Phone: (613) 237-3939, Wats Phone: 1-866-268-7334
Fax: (613) 233-4334, Wats Fax: 1-866-270-4699

Application Form for Builders' Risk Broad Form

Broker:	Date:
Applicant's Name:	
Mailing Address:	
Applicant is: (____) General Contractor (____) Owner (____) Other – please specify_____	
Loss Payable:	
List **ALL** claims or losses for the last 5 years (any and all properties owned or occupied by the Insured/Client): **DATE** **CAUSE** **AMOUNT** **COMPANY** **POLICY NUMBER**	
Name of Project:	
Location:	
Proposed Starting Date:	
Anticipated Completion Date:	
If any suspension of operation is anticipated during contract period, explain:_____ _____ Height: _____ (Feet) Storeys: _____	

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Construction of (Type):

Foundation: _____
Walls: _____
Roof: _____
Floor: _____

Intended Occupancy (on completion):

Project within 500 ft. of hydrant: (_____) YES (_____) NO
If YES, state water pressure: _____

Distance to nearest Fire Hall (miles): _____

Private Watchman: (_____) YES (_____) NO

Bush Exposure: (_____) YES (_____) NO

Estimated Contract Price: $_____

Limits:

At Site: _____
Any Other Location: _____
In Transit: _____

Catastrophe Limit: _____
(if applicable)

Liability Limit: _____
_____

_____
Signature Of Broker