



BUILDERS RISK YARD APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address:

3. Length of time in business:

4. Details on management and supervisory personnel:

5. PARTICULARS OF YARD AND FACILITIES AVAILABLE

a) Location of insured's premises or yard:

b) Descriptions of buildings (size, construction, design condition, fire & E.C. rates):

c) Details of fire protection (public fire dept., public fire hydrants and distance, private fire protection...):

d) Details of burglary protections facilities (watchman, alarm system, fences, lights...):

e) Details of launching facilities and equipment (cranes, lifts, hoists, railways, docks...):

f) Type of vessel(s) constructed (material, maximum size, design or model, maximum contract value...):

6. ADDITIONAL INFORMATION

a) Number of employees: _____

b) Estimated annual revenue: _____

c) Are there any transit or storage risks involved? Yes No

d) Is any work sub-contracted? Yes No
 If Yes, please give details of nature, period, name of sub-contractor and terms:

e) Is any release secured from clients to limit liability? Yes No
 If Yes, please provide details:

f) Period for which coverage is required: _____

g) Limits required: \$ _____

7. LOSS EXPERIENCE (During previous 5 years for all coverages being requested)

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?

Yes No

If Yes, please provide details:

8. CURRENT INSURANCE DETAILS

a) Insurer: _____

b) Policy Number: _____

c) Number of years with current Insurer: _____

d) Have you ever had insurance cancelled? Yes No

If Yes, please provide details:

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**