



[Construction]

BUILDERS RISK APPLICATION - WRAP UP LIABILITY

BUILDERS RISK / WRAP UP LIABILITY APPLICATION

Providing detailed information and submission of all documents/plans requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

- 1) Site Plan indicating distance, construction and occupancy of exposure
- 2) Summary and Recommendations for the Geotechnical Report
- 3) Breakdown of Values for the various structures and types of work

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Mortgagee: _____

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years for either the Owner, Developer or General Contractor and state the date and value of each loss, before the deductible (if any) was applied:

Owner: _____

Developer: _____

General Contractor: _____

Have you ever had insurance refused or cancelled? ☐ Yes ☐ No
If yes, please explain:

PART 2 PROJECT INFORMATION

Name of Owner: _____

Name of Project Manager / General Contractors: _____

Risk/Project Location Address: _____ Postal Code: _____

New Construction? ☐ Yes ☐ No Description of Project: _____

Renovation? ☐ Yes ☐ No

If yes, please provide a complete description of the renovation work, including the cost of the renovations and value of the existing structure:

Number of Stories: _____ Number of Buildings: _____

If more than one building, please advise the value of each building and distance between each building: _____

Site Plan attached: ☐ Yes ☐ No

If project value exceeds \$5M value, please provide Construction Schedule or Gantt Chart & Project Cost Breakdown for Hard and Soft Costs

PART 3 CONSTRUCTION INFORMATION

Exterior Walls: ☐ Wood ☐ Non Combustible ☐ Fire Resistive ☐ Mass Timber/CLT ☐ Modular Units ☐ Other (describe): _____

Siding: ☐ Wood ☐ Brick ☐ Fire Resistive ☐ Other (describe): _____

Floors: ☐ Wood ☐ Non Combustible ☐ Fire Resistive ☐ Other (describe): _____

Roof Construction: ☐ Wood ☐ Steel Deck ☐ Concrete ☐ Other (describe): _____

Roof Finish: ☐ Tar & Gravel ☐ EPDM (No Heat) ☐ Torch on Membrane ☐ Other (please describe below): _____

Foundation: ☐ Concrete ☐ Other, please explain: _____

Has framing for foundation started? ☐ Yes ☐ No If "Yes", when? _____

Underground Parking? ☐ Yes ☐ No If Yes, confirm number of stories and construction: _____

Nature of Ground: ☐ Flat ☐ Hillside ☐ Swampy ☐ Other, please explain: _____

Any Hot Tar Roofing: ☐ Yes ☐ No Any Torch-On Application: ☐ Yes ☐ No

Will the project be sprinklered? ☐ Yes ☐ No If yes, at what time will the sprinkler system be in operations: _____

What "firebreaks" are proposed? _____

Is there a moisture management plan in place? (to prevent water ingress and mould) ☐ Yes ☐ No

Will access roads be maintained to permit emergency vehicles access to site and hydrants at all times after commencement of framing operations? ☐ Yes ☐ No If no, please advise reasons: _____

Will fire hydrants be operational from commencement of framing? ☐ Yes ☐ No If no, please advise reasons: _____

Has a geotechnical report been completed? ☐ Yes ☐ No If no, please advise reasons: _____

Will the project be in compliance with the geo-technical recommendations? ☐ Yes ☐ No If modifications, please describe in detail: _____

If a copy of the geotechnical report summary and recommendations are not available, please describe the soil conditions: _____

PART 4 ADJACENT STRUCTURES (Attach site plan if available)

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE (FEET)
NORTH			
EAST			
SOUTH			
WEST			

Please confirm whether there are any other "Frame" construction projects underway, located within 250 feet of this project: ☐ Yes ☐ No

If "Yes" to above, please provide a general Description of Project (i.e. Dwelling, Townhomes or Condominiums etc), height and approximate distance:

Description: _____ Height (# Storeys): _____ Distance Separated: _____ (Feet)

PART 5 GENERAL CONTRACTOR

Name of General Contractor (If not Named Insured): _____ Is the General Contractor bonded? ☐ Yes ☐ No

Experience: ☐ Very Experienced ☐ Experienced ☐ Limited Experience ☐ Unknown

Does the General Contractor have CGL Insurance? ☐ Yes ☐ No If yes, who is the insurer: _____

Is the General contractor a member of the Home Builder's Association? ☐ Yes ☐ No

List Project Manager's / General Contractor's 5 largest projects in the past 5 years (including Name / Type / Location / Value):

PART 6 SITE PREPARATION

Is any blasting or demolition involved? ☐ Yes ☐ No

If yes, will operations be completed prior to commencement of project? ☐ Yes ☐ No

Is shoring, underpinning, blasting or pile driving involved? ☐ Yes ☐ No
or 'tar & gravel roofing' is done, provide details of their CGL and any prior loss experience

If yes, please provide the nature, duration, value and relationship to both the project and to adjacent structures:

Any potential exposure to adjacent structures from excavating? ☐ Yes ☐ No

If yes, explain:

PART 7 SUBCONTRACTORS

Name of Framing Firm: _____

Name of Roofing Firm: _____

If any "torch-on membrane" or "tar & gravel roofing" is done, provide details of their CGL and any prior loss experience:

Name of Plumbing Firm: _____

Name of Heating Firm: _____

Name of Electrical Firm: _____

Name of Architectural Firm: _____

Name of Engineering Firm: _____

Do you check for previous experience and history of all subcontractors? ☐ Yes ☐ No

Do you insist on written contracts with all subcontractors? ☐ Yes ☐ No

Do all subcontractors carry a minimum of \$1M CGL coverage? ☐ Yes ☐ No

PART 8 TESTING

Electrical / mechanical breakdown during commissioning? ☐ Yes ☐ No Number of Weeks: _____

Who will perform the testing operations? _____

Describe the operations involved in testing and commissioning: _____

Will the project involve installations of any used equipment? ☐ Yes ☐ No If yes, explain: _____

PART 9 SITE PROTECTION INFORMATION

Hydrant Protected (operational): ☐ Yes ☐ No Distance to Fire Hall: _____ Km ☐ Volunteer ☐ Paid

Private fire protections (sprinklers/extinguishers/water tanks etc): _____

Type of Neighborhood: ☐ Residential ☐ Commercial ☐ Other, please explain: _____

Site Security: Is the Site Fenced? ☐ Yes ☐ No Monitored Alarm at lock up? ☐ Yes ☐ No

Site Lighting: Is the site well lit? ☐ Yes ☐ No Is additional lighting provided from dusk to dawn? ☐ Yes ☐ No

Distance to closest occupied are in feet? _____ Is the project viewable from the road? ☐ Yes ☐ No

If no, please describe other security measures being taken: _____

On site Watchman Service (full-time – 24/7): ☐ Yes ☐ No Security Patrol: ☐ Yes ☐ No

Monitored Electronic Security Systems: ☐ Yes ☐ No If Yes, provide details of installation specifications incl. site plan showing location of Video Camera placement

(a) Provide Name of Installer: _____

(b) Provide Name of Monitoring Company: _____

Any use of highly flammable or explosive materials to be present on site? ☐ Yes ☐ No If yes, explain: _____

PART 10 FLOOD EXPOSURE

Nearest body of Water: Name: _____ Distance: _____

Any past flood history at project site? ☐ Yes ☐ No

If yes, explain: _____

Height of project during and after excavation from surface water: _____

Describe precautions to be taken to prevent damage from flood: _____

What is being done to prevent run-off damage? _____

PART 11 LIABILITY INFORMATION

Does the project attach to or communicate with an existing structure? ☐ Yes ☐ No If yes, please provide the following:

a) Manner in which structures will connect to communicate: _____

b) Occupancy of existing structure during construction: _____

c) Business Interruption/Loss of use for damages to existing structure: _____

d) Is coverage required for damage to existing structure? ☐ Yes ☐ No If yes, value of existing structure: _____

If any portion of the project will be occupied prior to the completion, provide details (ie. Period, Extent and Nature of occupancy): _____

Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring and underpinning): _____

Detail exposures to utilities, including relocation thereof (both below and above grade): _____

Describe any offsite operations or locations, which requires insurance: _____

Provide details of LOSS CONTROL PROGRAM to be implemented to protect other from operations (ie. traffic control, reconstruction, surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.): _____

1) BUILDERS RISK COVERAGE

Perils Required: ☐ All Risk ☐ Fire/EC ☐ Flood ☐ Earthquake ☐ By-Laws ☐ Deductible: _____

Contract Period: _____ Months. Required Effective Date: _____

Start Date of foundations: _____ Completion Date: _____

Hard Costs: \$ _____ (Replacement Cost To Rebuild: Labour, materials, professional fees etc)

Soft Costs: \$ _____ (Finance Costs, Leasing and Marketing Expense, Legal/Accounting Expense)

Delayed Opening: \$ _____ Limit per month \$ _____ month(s) indemnity period?

T.I.V. Sum Insured: \$ _____ Deductible: _____

Any Miscellaneous Property to be insured? ☐ Yes ☐ No (see below for optional extensions)

☐ **Offsite locations:** Please list locations, details operations and maximum value at each:

☐ **Transit Coverage:** Please advise point of origin, location where the insured accepts responsibility and limit required:

☐ **Other Property to be insured:** If coverage is required for either (A) or (B) below, please provide detail age, construction, condition and occupancy of such property:

A) Existing Building: \$ _____

B) Temporary buildings, scaffolding, falsework, forms and hoarding: \$ _____

2) WRAP UP LIABILITY COVERAGE

Completed Operations Period: ☐ 12 months ☐ 24 months

Limit(s) of Liability Insurance required: \$ _____ Deductible Requested: \$ _____

Other: \$ _____ Deductible Requested: \$ _____

Other: \$ _____ Deductible Requested: \$ _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: