



BUILDERS RISK & WRAP-UP LIABILITY

APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

Section 1: Application Information

Applicant's Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Have you ever had any prior losses (claimed or not) under a construction policy? Yes No

If Yes, please describe: _____

Have you ever had insurance refused or cancelled? Yes No

If Yes, please describe: _____

Mortgagee: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Section 2: Project Management

Is the project managed by a professional general contractor? Yes No

If No, please explain who is managing, and list related prior experience (prior jobs):

If Yes, please list the name of General Contractor: _____ Years of Experience: _____

Does General Contractor carry a Commercial General Liability (CGL) Policy? Yes No

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List of similar projects in past 5 years:

Section 3: Description of Project

Start Date: _____ Completion Date: _____

Project Address: _____

City: _____ Province: _____ Postal Code: _____

Type of Project: House Duplex Triplex Other (Describe): _____

Square footage of the unfinished area (i.e. unfinished basement): _____

Construction Type:

Exterior Walls: Wood Non-combustible
Sliding: Wood Brick Vinyl
Floors: Wood Non-combustible
Roof: Wood Non-combustible Tar & Gravel Shake

Section 4: Protection

Is there a Fire Hydrant (within 30 meters): Yes No Location of Hydrant: _____

Distance to fire hall: _____ km

Fire Department: Volunteer Fully paid

Type of Neighborhood: Residential Commercial Residential and Commercial Other _____

Is the project viewable from road? Yes No

Section 5: Coverage Requested

TIV/Limit Requested: \$ _____

Costs to Rebuild (i.e. Labour costs, Materials, Fees, Etc.): \$ _____

Soft Costs (optional by endorsement – i.e. Finance Costs, Legal, Accounting, Other Carrying Cost): \$ _____

Please describe Soft Costs: _____



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Section 6: For Projects Already Started (only if applicable)

On what date did the municipality issue the building permit? _____ (MM/DD/YYYY)

What date did framing for the foundations start? _____ (MM/DD/YYYY)

Why was insurance not placed at the time construction started? _____

Have there been any incidences on the site that could result in loss? Yes No

Please explain in detail and include dates:

Are there any builder liens on this property? Yes No

Please explain in detail:

Have there been any changes in the financial status of the contractor or site owner? Yes No

Please explain in detail:

Please provide a detailed description of any remaining work:

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Section 7: Wrap-Up Liability

1. **Limits of Liability** (in millions):

\$ _____

\$ _____

\$ _____

Deductible Options

\$ _____

\$ _____

\$ _____

2. **Completed Operations Period:**

24 Months / 36 Months / Other (please specify: _____)

3. **Existing Structure:**

Does the project attach to or communicate with an existing structure? Yes No

Occupancy of existing structure during construction? Yes No

4. **Exposures:** Will there be any of the following?

Tunneling/Demolition using explosives of ball & chain Yes No

Project site within 20m or rail/metro line or stations Yes No

Work on bridge over 150m long Yes No

Airside exposure Yes No

Standalone roofing renovation Yes No

Torch-on roofing renovation Yes No

Section 8: Claims

Please provide past 5 years of Claims history:

Section 9: Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____