



# 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:

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### 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:

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Are there any builder liens on this property?  Yes  No

Please explain in detail:

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

Please explain in detail:

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Please provide a detailed description of any remaining work:

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## BUILDERS RISK & WRAP-UP LIABILITY

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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:

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### Section 9: Broker Information

Broker Name: \_\_\_\_\_ Brokerage: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the Client? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_