

BUILDERS RISK / WRAP-UP LIABILITY APPLICATION FORM

Builder's Risk

Wrap up Liability

PROJECT DETAILS

New

Renovation

Renovation with Structural changes

Civil works

Project Developer/Owner: _____

Address: _____

General Contractor: _____

Address: _____

Project Description: _____

Project Location: _____

For Residential projects, please indicate if units are built on speculation (prior to being sold): Yes No

Any Commercial / Retail units within Building: Yes No

If yes, please describe: _____

Five-Year Claim History: _____

Are all relevant permits in place and is the contractor licensed?: Yes No

Is there a signed written contract between the applicant and the Contractor?: Yes No

Are there any agreements (including but not limited to hold harmless, waivers of subrogation or any other contractual provision) in place which would relieve any contractors or workers on the project from liability?: Yes No

PROJECT VALUE

Breakdown of Contract Value included: Yes No

Total Construction Value	\$	(attach breakdown if available)
Hard Costs	\$	(includes all material, labor, equipment, furnishing, fixtures etc. which will form part of the completed project)
Soft Costs	\$	(includes any re-occurring costs including financing, marketing & leasing, administration fees, etc.)

PROJECT SCHEDULE

Project Schedule / GANTT Chart included: Yes No

Start Date: _____ Completion Date: _____

Will any portion of the project be occupied prior to completion of the entire project: Yes No

If yes, please describe: _____

If already started - Describe what has been done: _____

CONSTRUCTION DETAILS

Site Plan / Project Renderings included: Yes No

Height of Structure: _____ Stories Below Grade: _____ Stories Above Grade: _____

Total Square Footage: _____ or Meters: _____

Construction Materials

Exterior Walls: _____ Covering: _____

Roof Structure: _____ Covering: _____

Floor Structure: _____ Covering: _____

Heating Type: _____ Covering: _____

Type of Electrical: _____ Plumbing type (Copper, PEX): _____

Subsurface Operations and their estimated values

Blasting: Yes No Describe: _____

Shorting: Yes No Describe: _____

Caissons: Yes No Describe: _____

Pile Driving: Yes No Describe: _____

Underpinning: Yes No Describe: _____

Excavation: Yes No Describe: _____

SITE PROTECTION DETAILS

Fire Protection Hydrant Protected within 500': Yes No Operational: Yes No

Approx. Distance to Fire Hydrant: _____

Approx. Distance to Fire Hall: _____

Site Fenced: Yes No Type/Height: _____

Security Guard/Watchmen: Yes No Type/Height: _____

Monitored Surveillance Camera: Yes No Type/Height: _____

If Yes, Number of cameras: _____ Service provider: _____

Sprinkle System: Yes No Details: _____

Will Standpipe Risers be Installed as Construction Progresses: Yes No

Will Open Flame Heaters be used: Yes No

Will there be any Hot Works done on the Roof: Yes No

Is there a hot works system in place for any hot work: Yes No

Will any on-site Debris Burning be required: Yes No If Yes, details: _____

Will regular recorded Safety Inspections be performed by the Project Manager: Yes No

WATER DAMAGE PREVENTION DETAILS

Will a Water Mitigation / Leak Protection Plan be utilized?: Yes No

Water Mitigation / Leak Protection Plan included: Yes No

Will a designated individual be responsible for the prevention of Water Damage?: Yes No

Will the project be inspected at the end of each day for potential causes of Water Damage?: Yes No
(i.e. turn water off, close windows, etc.)

Will Water Damage Prevention signs posted on each floor?: Yes No
(i.e. location of shut-off valves, emergency contact numbers, etc.)

Will there be Main Valves on each floor to provide Water only to the areas that need it?: Yes No

SITE DETAILS

Geo-Technical Report / Environmental Site Assessment Report included: Yes No

Will construction operations be performed in compliance with the Geo-Technical recommendations: Yes No

If No, describe: _____

Greenfield (no prior site occupancy)

Brownfield (prior site occupancy)

Details: _____

Will Dewatering be required: Yes No

If Yes, describe: _____

Occupancy of Existing Structure: _____

Is coverage for the existing structure required: Yes No Limits: \$ _____

Adjacent Structures

	Occupancy	Construction type	Approx. Distance	# of Stories
North:				
South:				
East:				
West:				

WRAP-UP LIABILITY SUPPLEMENT

Liability Limit:	\$ 5,000,000	\$ 10,000,000	Other: \$ _____
Deductible:	\$ 5,000	\$ 10,000	Other: \$ _____
Completed Operations Period:	12 Months	24 Months	Other: _____

BUILDER’S RISK ADDITIONAL COVERAGE OPTIONS

Is Riot, Vandalism or Malicious Acts coverage required?:	Yes	No				
Do you wish to buy coverage for Theft of Building Material?:	Yes	No				
Would you like to buy Sewer Backup Coverage?:	Yes	No				
Would you like to buy coverage for Earthquake?:	Yes	No	Flood?:	Yes	No	
Premise Liability?:	Yes	No	Premise Liability Limit:	\$ 1,000,000	\$ 2,000,000	Other: \$ _____

ELIGIBILITY

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid, and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, Towerhill, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf

This application and any supplements attached hereto do 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. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Applicant Name: _____ Date: _____

Signature: _____ Email: _____