

**Wrap-Up Liability**       **Builders Risk**

Please complete general information section for all projects and specific sections for wrap-up Liability and builders risk according to requirements.

**SPECIAL NOTE:** Each construction project presents unique exposures. Detailed information and submission of all documents/plans requested increases our efficiency and results in the most favourable terms. When available, provide:

- a) BREAKDOWN OF VALUES for the various structures and types of work;
- b) SITE PLAN indicating distance, construction and occupancy of exposures;
- c) SCHEDULE OF CONSTRUCTION;
- d) SUMMARY and RECOMMENDATIONS from the Geotechnical Report;
- e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.

**GENERAL INFORMATION**

1. Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

2. Name of Project: \_\_\_\_\_

3. Address/Location of Project: \_\_\_\_\_

4. Description of Project: \_\_\_\_\_

5. Project Participants (Names): \_\_\_\_\_

Owner: \_\_\_\_\_

Project/Construction Manager \_\_\_\_\_

General Contractor: Owners \_\_\_\_\_

Prime Architectural/Engineering Consultant: \_\_\_\_\_

Geotechnical Engineer : \_\_\_\_\_

6. Construction Period: From : \_\_\_\_\_ To: \_\_\_\_\_

Policy Term (if different from above): From: \_\_\_\_\_ To : \_\_\_\_\_

7. Construction Data:

Height of structure:	Storeys	Feet or Metres
Below Grade:	1 _____	_____
Above Grade:	2 _____	_____

Total Area (indicate Sq. Feet or Sq. Metres): \_\_\_\_\_

Construction Materials: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

Roof:      Structure: \_\_\_\_\_      Covering: \_\_\_\_\_

Floors:      Structure: \_\_\_\_\_      Covering: \_\_\_\_\_





11. Provide details of LOSS CONTROL PROGRAMME to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.):

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12. Claims Experience:

Detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three (3) years: (owner, general contractor project/construction manager; (indicate date, amount, nature of claim):

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**BUILDERS RISK (Complete only if this coverage is required.)**

1. Total Estimated Project Value:\$\_\_\_\_\_ (Attach breakdown if available.)

Hard Costs:\$\_\_\_\_\_ (Labour, materials, professional fees to enter into and form part of the project.)

Soft Costs:\$\_\_\_\_\_ (Finance costs, additional interest, leasing and marketing expenses, legal & accounting expenses, other carrying costs.)

2. Other Property to be insured: :\$\_\_\_\_\_

If coverage is required to existing structure, equipment to be furnished by the owner, etc., detail age, construction, condition, occupancy of such property.

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3. Is BUSINESS INTERRUPTION COVERAGE (DELAYED START-UP) required?  YES  NO

If so, detail type of income:\_\_\_\_\_ for \$\_\_\_\_\_

Total limit being \$\_\_\_\_\_ per month for \_\_\_\_\_ month(s) indemnity period

4. COVERAGE	LIMITS	DEDUCTIBLES
VALUE OF PROJECT	\$ _____	\$ _____
OTHER PROPERTY TO BE INSURED	\$ _____	\$ _____

Sublimits	LIMITS	DEDUCTIBLES	
Soft Costs (other than 3. above)	\$ _____	\$ _____	days waiting
Delayed Start-up (see 3. above)	\$ _____	\$ _____	period
Offsite	\$ _____	\$ _____	
Transit	\$ _____	\$ _____	
Testing (electrical/mechanical breakdown during commissioning)_____ wks	\$ _____	\$ _____	

5. List offsite locations and maximum value at each:

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6. Transit:

List key items (individual items over \$100,000 value) point of origin, location where insured accepts responsibility (F.O.B.)

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7. Testing: a) Who will perform testing operations? \_\_\_\_\_

b) Describe operations involved in testing and commissioning: \_\_\_\_\_

c) Will project involve installation of any used equipment?  YES  NO

8. Location Information:

a) Distance to nearest Fire Department: \_\_\_\_\_

b) Name of City or Town providing protection: \_\_\_\_\_

c) Hydrants (operational):  YES  NO Number within 1,000 ft.: \_\_\_\_\_

d) Describe private fire protection: \_\_\_\_\_

If so, at which time will the sprinkler system be in operation? \_\_\_\_\_

9. Construction Data:

a) Has a geotechnical report been completed?  YES  NO If not, please advise reasons:

b) Will the project be constructed in compliance with geotechnical recommendations?  YES  NO With

Modifications  YES  NO If modifications, describe in detail:

c) If copy of geotechnical report summary and recommendations is not available, describe soil conditions:

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d) Type of foundation for each structure: \_\_\_\_\_

e) Are wood forms to be used?  YES  NO

f) Describe any unusual or experimental features in construction or design: \_\_\_\_\_

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g) Describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included:

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10. Flood Exposure:

a) Nearest body of water: Name \_\_\_\_\_ Distance \_\_\_\_\_

b) Past flood history at site: \_\_\_\_\_

c) Height of project above maximum flood stage: \_\_\_\_\_

d) Describe exposure during and after excavation from surface water: \_\_\_\_\_

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e) Describe precautions to be taken to prevent damage from flood: \_\_\_\_\_

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f) What is being done to prevent run-off damage? \_\_\_\_\_

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11. Site Risks:

Detail exposures from:

a) Winter heating conditions (type of heaters): \_\_\_\_\_

b) Explosion (detail use of any highly flammable or explosive materials to be present on site):

\_\_\_\_\_

12. IF SOFT COSTS/DELAYED START-UP COVERAGE IS REQUIRED, please detail:

a) Contracted completion date: \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

b) Anticipated replacement times for key items if reorder necessitated (i.e. boilers, turbines, generators etc.):

ITEM	DELIVERY PERIOD	SUPPLIER LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Provide details of LOSS CONTROL PROGRAMME to be implemented to protect insured property:

\_\_\_\_\_  
\_\_\_\_\_

14. Claims Experience:

Detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the following during the past three (3) years: (owner, general contractor, project/construction manager); (Indicate date, amount, nature of claim):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

*Protection and Electronic Documents Act (PIPEDA)*

\_\_\_\_\_  
*Print name of proposed insured*

\_\_\_\_\_  
Signature of Applicant & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Date

Brokerage: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Attached:  Bridge Supplement  
 Dam Supplement

Tunnel Supplement  
 Utility Supplement

Canada WorldWide (Calgary)  
100, 1400 1<sup>st</sup> Street SW  
Calgary, AB T2R 0V8  
Toll Free:1-888-263-5146  
FAX: 403-237-9976

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Toronto, Ont M4W 2H2  
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2 Norfolk Street  
Simcoe, Ont N3Y 2V9  
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