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## BUILDERS RISK (RESIDENTIAL & COMMERCIAL) AND/OR WRAP UP LIABILITY

- Wrap-up Liability  
 Builders Risk

Please complete GENERAL INFORMATION section for ALL PROJECTS and specific section for WRAP-UP 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:

- (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 for the GEOTECHNICAL REPORT;
- (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES;

### GENERAL INFORMATION

1. **Name of Applicant:** \_\_\_\_\_

2. **Address of Applicant:** \_\_\_\_\_

3. **Name of Project:** \_\_\_\_\_

4. **Address/Location of Project:** \_\_\_\_\_

5. **Description of Project:** \_\_\_\_\_

6. **Project Participants (Names)**

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

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

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

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

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

List of Sub-Contractors (or as attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Sub Contractors**

Does Applicant verify previous experience and history of Sub-Contractors?  Yes  No

8. **Construction Period:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Policy Term:** From \_\_\_\_\_ To: \_\_\_\_\_

If Policy Term differs from Construction Period, explain why:

\_\_\_\_\_

9. **Construction Features:**

Height of Structure...	Stories	Feet/Metres
Above Grade:		
Below Grade:		

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

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

Framework: \_\_\_\_\_

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

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

Floor:                    Structure \_\_\_\_\_                    Covering \_\_\_\_\_

**10. Adjacent Structures** (attach site plan if available)

	Type of Construction	Occupancy	Distance
North			
East			
South			
West			

**11. Security**

Is Site Fenced?             Yes     No      Height/Type: \_\_\_\_\_

Is Site Lit?                 Yes     No

Watchman Service?       Yes     No      Hrs/Rounds: \_\_\_\_\_

Alarm                         Intrusion     Smoke      Alarm Sounds to: \_\_\_\_\_

**12. Neighbourhood** (Describe):

\_\_\_\_\_

**13. Subsurface Operations**

Describe nature, duration, value and relationship to both the project and to adjacent structures.

Blasting: \_\_\_\_\_

Shoring: \_\_\_\_\_

Pile Driving: \_\_\_\_\_

Underpinning: \_\_\_\_\_

**14. List Project Manager's / General Contractor's five (5) largest projects in the past five (5) years:**

Name	Type	Location	Value (\$100,000's)

**15. Financials**

Does the General Contractor have a Performance Bond for this project?     Yes     No

Name of Surety Company: \_\_\_\_\_      Bond No.: \_\_\_\_\_

**BUILDER'S WRAP-UP LIABILITY PARTICULARS**

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

**2. Completed Operations Period:**     12 months     24 months     Other: \_\_\_\_\_

3. Limits of Liability	Deductible Options
\$_____,000,000	\$
\$_____,000,000	\$
\$_____,000,000	\$

4. a) Does the project attach to or communicate with an existing structure?  Yes  No  
Describe the manner in which the structures will connect or communicate:

b) Occupancy of existing structure during construction:

c) Business interruption/loss of use exposure for damage to existing structure:

d) Is coverage required for damage to existing structure?  Yes  No

5. If any portion of the project will be occupied prior to completion, provide details (period, extent and nature of occupancy):

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

7. Detail exposure to utilities, including relocation thereof (both below and above ground):

8. Will construction be performed in compliance with geotechnical recommendations?  Yes  No  
 With modifications (provide details):

9. If summary of geotechnical report is not attached, describe soil conditions:

10. Describe any offsite operations or locations which require insurance:

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11. Provide details of LOSS CONTROL PROGRAMME to be implemented to protect others from operations (o.e. traffic control, preconstruction 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 loss) incurred by any of the Participants listed in #6 (GENERAL INFORMATION section) during the past five (5) years: (Indicate date, amount, nature of claim):

Date	Participant/Name	Nature of Claim	Amount
			\$
			\$
			\$
			\$
			\$

**BUILDER'S RISK PARTICULARS**

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

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 and 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:

**3. Coverages**

Value of Project:

Other Property to be insured:

**Sub-limits**

Soft Costs (other than delayed start-up):

Delayed Start-up:

Offsite:

Transit:

Limits	Deductible
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

Testing (electrical/mechanical breakdown during commissioning) \_\_\_\_\_ weeks \$ \_\_\_\_\_

**4. List offsite locations and maximum value at each:**

Location (name and address)	Maximum Value
	\$
	\$
	\$
	\$
	\$
	\$

**5. Transit:**

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

Item	Point of Origin	F.O.B

**6. Testing:**

- (a) Who will perform testing operations? \_\_\_\_\_
- (b) Describe operations involved in testing and commissioning:  
\_\_\_\_\_
- (c) Will project involve installations of any used equipment?  Yes  No

**7. Location Information:**

- (a) Distance to nearest Fire Department: \_\_\_\_\_
- (b) Name of City or Town providing protection \_\_\_\_\_
- (c) Hydrants (operational) \_\_\_\_\_ Number within 1,000 ft. \_\_\_\_\_
- (d) Number of fire extinguishers situated on the construction site: \_\_\_\_\_
- (e) Will the project be sprinklered?  Yes  No  
If yes, at what time will the sprinkler system be in operation? \_\_\_\_\_

**8. Construction Data:**

- (a) Has a geotechnical report been completed?  Yes  No  
If not, explain why: \_\_\_\_\_
- (b) Will the project be constructed in compliance with geotechnical recommendations?  
 Yes  No  With Modifications
- (c) If geotechnical report's summary and recommendations are not available, describe soil conditions:  
\_\_\_\_\_
- (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:

(g) Describe any special features (e.g. stained glass, glass curtain walls, artwork) to be incorporated or included:

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**9. 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: \_\_\_\_\_

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

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

**10. 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): \_\_\_\_\_

**11. Provide details of LOSS CONTROL PROGRAM to be implemented to protect insured property:**

**12. Claims Experience:**

Detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the Participants listed in #6 (GENERAL INFORMATION section) during the past five (5) years: (Indicate date, amount, nature of claim):

Date	Participant/Name	Nature of Claim	Amount
			\$
			\$
			\$
			\$
			\$

**It is understood and agreed that the completion of this application does not bind the insurers to sell, nor does it obligate the applicant to purchase the insurance.**

\_\_\_\_\_  
Signature Date

**Broker to complete the following:**

Brokerage Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Please Note:**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.