



[Construction Application]

BUILDERS RISK APPLICATION - WRAP UP LIABILITY



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

BUILDERS RISK / WRAP UP LIABILITY APPLICATION

Providing detailed information and submission of all documents/plans requested will increase our efficiency and ability to obtain the most favourable terms. When available, please provide the following documents:

- 1) Site Plan indicating distance, construction and occupancy of exposure
- 2) Summary and Recommendations for the Geotechnical Report
- 3) Breakdown of Values for the various structures and types of work

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Mortgagee: _____

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years for either the Owner, Developer or General Contractor and state the date and value of each loss, before the deductible (if any) was applied:

Owner: _____

Developer: _____

General Contractor: _____

Have you ever had insurance refused or cancelled? Yes No
If yes, please explain:

PART 2 PROJECT INFORMATION

Name of Owner: _____

Name of Project Manger / General Contractors: _____

Risk/Project Location Address: _____ Postal Code: _____

New Construction? Yes No Description of Project: _____

Renovation? Yes No

If yes, please provide a complete description of the renovation work, including the cost of the renovations and value of the existing structure:

Number of Stories: _____ Number of Buildings: _____

If more than one building, please advise the value of each building and distance between each building: _____

Site Plan attached: Yes No

If project value exceeds \$5M value, please provide Construction Schedule or Gantt Chart & Project Cost Breakdown for Hard and Soft Costs

PART 3

CONSTRUCTION INFORMATION

Exterior Walls: Wood Non Combustible Fire Resistive Mass Timber/CLT Modular Units Other (describe): _____

Siding: Wood Brick Fire Resistive Other (describe): _____

Floors: Wood Non Combustible Fire Resistive Other (describe): _____

Roof Construction: Wood Steel Deck Concrete Other (describe): _____

Roof Finish: Tar & Gravel EPDM (No Heat) Torch on Membrane Other (please describe below): _____

Foundation: Concrete Other, please explain: _____

Has framing for foundation started? Yes No If "Yes", when? _____

Underground Parking? Yes No If Yes, confirm number of stories and construction: _____

Nature of Ground: Flat Hillside Swampy Other, please explain: _____

Any Hot Tar Roofing: Yes No Any Torch-On Application: Yes No

Will the project be sprinklered? Yes No If yes, at what time will the sprinkler system be in operations: _____

What "firebreaks" are proposed? _____

Is there a moisture management plan in place? (to prevent water ingress and mould) Yes No

Will access roads be maintained to permit emergency vehicles access to site and hydrants at all times after commencement of framing operations? Yes No If no, please advise reasons: _____

Will fire hydrants be operational from commencement of framing? Yes No If no, please advise reasons: _____

Has a geotechnical report been completed? Yes No If no, please advise reasons: _____

Will the project be in compliance with the geo-technical recommendations? Yes No If modifications, please describe in detail: _____

If a copy of the geotechnical report summary and recommendations are not available, please describe the soil conditions: _____

PART 4

ADJACENT STRUCTURES (Attach site plan if available)

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE (FEET)
NORTH			
EAST			
SOUTH			
WEST			

Please confirm whether there are any other "Frame" construction projects underway, located within 250 feet of this project: Yes No

If "Yes" to above, please provide a general Description of Project (i.e. Dwelling, Townhomes or Condominiums etc), height and approximate distance:

Description: _____ Height (# Storeys): _____ Distance Separated: _____ (Feet)



PART 5 GENERAL CONTRACTOR

Name of General Contractor (If not Named Insured): _____ Is the General Contractor bonded? Yes No

Experience: Very Experienced Experienced Limited Experience Unknown

Does the General Contractor have CGL Insurance? Yes No If yes, who is the insurer: _____

Is the General contractor a member of the Home Builder's Association? Yes No

List Project Manager's / General Contractor's 5 largest projects in the past 5 years (including Name / Type / Location / Value):

PART 6 SITE PREPARATION

Is any blasting or demolition involved? Yes No

If yes, will operations be completed prior to commencement of project? Yes No

Is shoring, underpinning, blasting or pile driving involved? Yes No

If any 'tar & gravel roofing' is done, provide details of their CGL and any prior loss experience
If yes, please provide the nature, duration, value and relationship to both the project and to adjacent structures:

Any potential exposure to adjacent structures from excavating? Yes No
If yes, explain: _____

PART 7 SUBCONTRACTORS

Name of Framing Firm: _____

Name of Roofing Firm: _____

If any "torch-on membrane" or "tar & gravel roofing" is done, provide details of their CGL and any prior loss experience:

Name of Plumbing Firm: _____

Name of Heating Firm: _____

Name of Electrical Firm: _____

Name of Architectural Firm: _____

Name of Engineering Firm: _____

Do you check for previous experience and history of all subcontractors? Yes No

Do you insist on written contracts with all subcontractors? Yes No

Do all subcontractors carry a minimum of \$1M CGL coverage? Yes No

PART 8 TESTING

Electrical / mechanical breakdown during commissioning? Yes No Number of Weeks: _____

Who will perform the testing operations? _____

Describe the operations involved in testing and commissioning: _____

Will the project involve installations of any used equipment? Yes No If yes, explain: _____

PART 9**SITE PROTECTION INFORMATION**

Hydrant Protected (operational): Yes No Distance to Fire Hall: _____ Km Volunteer Paid

Private fire protections (sprinklers/extinguishers/water tanks etc): _____

Type of Neighborhood: Residential Commercial Other, please explain: _____

Site Security: Is the Site Fenced? Yes No Monitored Alarm at lock up? Yes No

Site Lighting: Is the site well lit? Yes No Is additional lighting provided from dusk to dawn? Yes No

Distance to closest occupied are in feet? _____ Is the project viewable from the road? Yes No

If no, please describe other security measures being taken: _____

On site Watchman Service (full-time – 24/7): Yes No Security Patrol: Yes No

Monitored Electronic Security Systems: Yes No If Yes, provide details of installation specifications incl. site plan showing location of Video Camera placement

(a) Provide Name of Installer: _____

(b) Provide Name of Monitoring Company: _____

Any use of highly flammable or explosive materials to be present on site? Yes No If yes, explain: _____

PART 10**FLOOD EXPOSURE**

Nearest body of Water: Name: _____ Distance: _____

Any past flood history at project site? Yes No

If yes, explain: _____

Height of project during and after excavation from surface water: _____

Describe precautions to be taken to prevent damage from flood: _____

What is being done to prevent run-off damage? _____

PART 11**LIABILITY INFORMATION**

Does the project attach to or communicate with an existing structure? Yes No If yes, please provide the following:

a) Manner in which structures will connect to communicate: _____

b) Occupancy of existing structure during construction: _____

c) Business Interruption/Loss of use for damages to existing structure: _____

d) Is coverage required for damage to existing structure? Yes No If yes, value of existing structure: _____

If any portion of the project will be occupied prior to the completion, provide details (ie. Period, Extent and Nature of occupancy): _____

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

Detail exposures to utilities, including relocation thereof (both below and above grade): _____

Describe any offsite operations or locations, which requires insurance: _____

Provide details of LOSS CONTROL PROGRAM to be implemented to protect other from operations (ie. traffic control, reconstruction, surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.): _____



1) BUILDERS RISK COVERAGE

Perils Required: All Risk Fire/EC Flood Earthquake By-Laws Deductible: _____

Contract Period: _____ Months. Required Effective Date: _____

Start Date of foundations: _____ Completion Date: _____

Hard Costs: \$ _____ (Replacement Cost To Rebuild: Labour, materials, professional fees etc)

Soft Costs: \$ _____ (Finance Costs, Leasing and Marketing Expense, Legal/Accounting Expense)

Delayed Opening: \$ _____ Limit per month \$ _____ month(s) indemnity period?

T.I.V. Sum Insured: \$ _____ Deductible: _____

Any Miscellaneous Property to be insured? Yes No (see below for optional extensions)

Offsite locations: Please list locations, details operations and maximum value at each:

Transit Coverage: Please advise point of origin, location where the insured accepts responsibility and limit required:

Other Property to be insured: If coverage is required for either (A) or (B) below, please provide detail age, construction, condition and occupancy of such property:

A) Existing Building: \$ _____

B) Temporary buildings, scaffolding, falsework, forms and hoarding: \$ _____

2) WRAP UP LIABILITY COVERAGE

Completed Operations Period: 12 months 24 months

Limit(s) of Liability Insurance required: \$ _____ Deductible Requested: \$ _____

Other: \$ _____ Deductible Requested: \$ _____

Other: \$ _____ Deductible Requested: \$ _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: