



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 7 FOR DETAILS OUR PRIVACY POLICY.

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

Wrap-up Liability
 Builders Risk

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

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:

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...):

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:

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
			\$
			\$
			\$
			\$
			\$

Notice Concerning Personal Information:

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
 - the evaluation of claims;
 - the analysis of business results;
 - the underwriting of policies;
 - the detection and prevention of fraud;
 - purposes required or authorized by law;
- In accordance with SWG’s privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

Warranty Statement:

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

Signature

Date

Broker to complete the following:

Brokerage Name: _____

Phone Number: _____ Fax Number: _____

Submitted by: _____

E-mail Address: _____



Quotes@swgins.com

www.swgins.com

Toll Free: 1800-668-4275

Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>