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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:

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: _____