

### 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:

- BREAKDOWN OF VALUES for the various structures and types of work;
- SITE PLAN indicating distance, construction and occupancy of exposures;
- SCHEDULE OF CONSTRUCTION;
- SUMMARY and RECOMMENDATIONS from the GEOTECHNICAL REPORT;
- SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.

## A. General Information

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

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

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

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

(i) For residential projects, please indicate if units are built on speculation (prior to being sold) Yes                  No  
and quantity. If "Yes" was selected, quantity: \_\_\_\_\_

**5. Project Participants (Names)**

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

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

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

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

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

**6. Is project to be insured based on CCDC contract?** Yes                  No

**7. Construction Period:**

**From:** Day:                  Month:                  Year:                  **To:** Day:                  Month:                  Year:

(i) Policy Term (if different from above):

**From:** Day:                  Month:                  Year:                  **To:** Day:                  Month:                  Year:

# Builders' Choice - Construction Project Application

## A. General Information

### 8. Construction Data

(i) Height of structure	Below Grade: _____	Storeys: _____	Feet	Metres
	Above Grade: _____	Storeys: _____	Feet	Metres
		Total Area: _____	Sq. Feet	Sq. Metres
(ii) Construction Materials:	_____			
(iii) Framework:	_____			
(iv) Exterior Walls:	_____			
(v) Floors:	Structure: _____	Covering: _____		
(vi) Roof:	Structure: _____	Covering: _____		

### 9. Adjacent Structures (Attach site plan if available)

	Type of Construction	Occupancy	Distance
1. North			
2. East			
3. South			
4. West			

### 10. Security

(i) Is Entire Site Fenced?	Yes	No	Height/Type: _____
(ii) Watchman Service?	Yes	No	Hrs/Rounds: _____
(iii) Alarm?	Intrusion	Fire/Smoke	Sounds to: _____
(iv) Video Surveillance?	Yes	No	Details: _____

### 11. Are Hot Works Permits required and enforced?

Yes                      No

If so, detail the rules:

### 12. Neighbourhood (describe):

### 13. Subsurface and Demolition Operations

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

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

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

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

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

Demolition: \_\_\_\_\_

# Builders' Choice - Construction Project Application

## A. General Information

14. Is this a fast track project?

Yes

No

If so, detail experience with similar projects:

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

Name	Type	Location	Value (\$100,000's)
1.			
2.			
3.			
4.			
5.			

## B. Wrap Up Liability (Complete only if this coverage is required)

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

2. Completed Operations Period:

12 months

24 months

Other: \_\_\_\_\_

3. Limits of Liability

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

4. Deductible Options:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. Does the project attach to or communicate with an existing structure?

Yes

No

(i) Manner in which structures will connect or communicate:

(ii) Occupancy of existing structure during construction:

(iii) Business interruption/loss of use for damages to existing structure:

(iv) Is coverage required for damage to existing structure?

Yes

No

(v) Is the existing structure to be insured under the Builders' Risk?

Yes

No

# Builders' Choice - Construction Project Application

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## B. Wrap Up Liability (Complete only if this coverage is required)

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

7. Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, underpinning.

8. Detail exposures to utilities, including relocation thereof (both below and above grade).

9. Will construction operations be performed in compliance with Geotechnical recommendations?

Yes

No

With modifications (provide details)

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

11. Describe any offsite operations or locations which require insurance.

12. Provide details of LOSS CONTROL PROGRAMME to be implemented to protect others from operations

(eg. traffic control, reconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.).

13. Claims Experience: (Attach a separate sheet if more space required)

Detail any liability claims (exceeding \$10,000 per accident whether insured or not) incurred by any of the following which resulted from construction operations in the past five (5) years: (Owner, General Contractor, Project/Construction Manager), indicate date, amount, nature of claim.

Date			Amount	Nature of claim
Day:	Month:	Year:	\$	
			\$	
			\$	
			\$	
			\$	

# Builders' Choice - Construction Project Application

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## C. Builder's Risk

(Complete only if this coverage is required; an additional questionnaire may be required for projects involving infrastructure, technical risks, or specialized exposures.)

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

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

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

**Note:** Architectural and engineering fees are not Soft Costs but are Hard Costs for the purpose of this coverage.

(iii) Delayed Opening: \$ \_\_\_\_\_

**2. Total Other Property to insured:** \$ \_\_\_\_\_

(i) Equipment Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

(ii) Temporary structures (eg. scaffolding, forms, hoarding) Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

(iii) Other Property to be insured (eg. site office, fence, sign, etc.): \$ \_\_\_\_\_

Description: \_\_\_\_\_

(iv) If coverage is required to Existing Structure, detail age, construction, condition and occupancy of such property:

(v) Nature of the renovations, alterations or repairs to Existing Structure:

(vi) Current value of Existing:

Value \$ \_\_\_\_\_ Method of valuation: \_\_\_\_\_

(vi) Demolition expense to remove unwanted materials  
(this amount is to be insured as part of Hard Costs in 1. above)

Cost \$ \_\_\_\_\_

(vii) Value after unwanted materials have been removed but before any new materials have been installed  
(this amount is to be insured as Existing Fixed Structure(s))

Value \$ \_\_\_\_\_ Method of valuation: \_\_\_\_\_

(viii) Value of any materials salvaged from the structure that will not be re-used in the structure  
(this amount to be added to the value of Existing Fixed Structure(s) and added to Total Project Value)

Value \$ \_\_\_\_\_ Method of valuation: \_\_\_\_\_

Description of materials: \_\_\_\_\_

# Builders' Choice - Construction Project Application

## C. Builder's Risk

(Complete only if this coverage is required; an additional questionnaire may be required for projects involving infrastructure, technical risks, or specialized exposures.)

### 3a. Is SOFT COSTS coverage required?

Yes

No

If so, describe each SOFT COST item with a total limit and ad monthly limit.

	Total Limit	Monthly Limit
Additional Interest Expenses:	\$ _____	\$ _____
Construction Loan Fees:	\$ _____	\$ _____
Field Overhead:	\$ _____	\$ _____
Financial Costs:	\$ _____	\$ _____
Leasing and Marketing Expenses:	\$ _____	\$ _____
Legal and Accounting Expenses:	\$ _____	\$ _____
Miscellaneous Carrying Costs:	\$ _____	\$ _____

### 3b. Is BUSINESS INTERRUPTION coverage (DELAYED OPENING) required?

Yes

No

If so, type of income:    Loss of Rents        Loss of Earnings

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

### 4a. Coverage

#### Project Limit

(including Hard Costs, Other Property and Existing Fixed Structures)

#### Limits

\$ \_\_\_\_\_

#### Deductibles

\$ \_\_\_\_\_

#### Soft Costs

(other than 3b above)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

or \_\_\_\_\_ days waiting period

#### Delayed Opening

(see 3.b) above)

\$ \_\_\_\_\_

\_\_\_\_\_ days waiting period

### 4b. Sublimits

Offsite In Storage

\$ \_\_\_\_\_

Same as Project Limit

Transit

\$ \_\_\_\_\_

Same as Project Limit

Existing Fixed Structures (see 2.d) above)

\$ \_\_\_\_\_

Same as Project Limit

### 4c. Extensions and Endorsements

Earthquake

#### Limits

#### Deductibles

\_\_\_\_\_ % subject to

\$ \_\_\_\_\_ Minimum

Flood

\$ \_\_\_\_\_

Fire Department Service Charges

\$25,000 or \$ \_\_\_\_\_

Same as Project Limit

Professional Fees

\$50,000 or \$ \_\_\_\_\_

Same as Project Limit

Pollution Cleanup and Removal

\$25,000 or \$ \_\_\_\_\_

\$5,000 or \$ \_\_\_\_\_

Valuable Papers

\$25,000 or \$ \_\_\_\_\_

Same as Project Limit

Automatic Fire Suppression System Recharge Expenses

\$25,000 or \$ \_\_\_\_\_

Same as Project Limit

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## C. Builder's Risk

(Complete only if this coverage is required; an additional questionnaire may be required for projects involving infrastructure, technical risks, or specialized exposures.)

	Limits	Deductibles
Testing (electrical/mechanical breakdown during commissioning)	_____ weeks	\$ _____
Off Premises Heat, Power, Gas, Water or Communication Services	25,000 or \$ _____	48 hours or _____
Interruption By Civil Authority	25,000 or \$ _____	48 hours or _____
Loss of Lease	25,000 or \$ _____	Same as Delayed Opening

## 5. List offsite locations and maximum value at each

Location	Maximum value
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____

## 6. Transit

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

## 7. Commissioning and Hot Testing

(i) Who will perform testing operations? \_\_\_\_\_

(ii) When will testing occur? Dates: \_\_\_\_\_ to \_\_\_\_\_

(iii) Describe operations involved in testing and commissioning:

(iv) Will project involve installation of any used equipment? Yes      No

## 8. Fire Protection Information

(i) Distance to nearest Fire Department: \_\_\_\_\_

(ii) Name of City or Town providing protection: \_\_\_\_\_

(iii) Hydrants (operational) \_\_\_\_\_ Number within 508 ft.: \_\_\_\_\_

(iv) Describe private fire protection and the distribution of portable fire extinguishers at the project site:

(v) Will the project be sprinklered? Yes      No

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

(vi) Will standpipe risers be installed as construction progresses? Yes      No

# Builders' Choice - Construction Project Application

## C. Builder's Risk

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### 9. Additional Construction Information

(i) Has a geotechnical report been completed? Yes      No

If not, please advise reasons: \_\_\_\_\_

(ii) Will the project be constructed in compliance with geotechnical recommendations? Yes      No      With Modifications

If modifications, describe in detail

(iii) If copy of geotechnical report summary and recommendations is not available, the soil conditions which foundation will be constructed upon (after overburden is removed) are:

bedrock	consolidated glacial till	firm soil	engineered fill
fill	unconsolidated till or sand	marsh/peat	

Describe soil conditions:

(iv) Type of foundation for each structure (check all that apply):

steel pilings	timber pilings	caissons	rock anchors
footings	slab on grade	other, describe: _____	

(v) Is the concrete tested for quality and ultimate strength? Yes      No

(Check all that apply)

slump	air entrainment	cylinders	aggregate composition
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Describe who performs the testing:

(vi) Are wood forms to be used? Yes      No

(vii) Describe any unusual or experimental features in construction or design:

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

(ix) If this project is a long-span building (such as a mega warehouse or hockey rink), indicate the maximum unsupported span length: \_\_\_\_\_ Feet      Metres

(x) Distance from exterior walls to property site lines:

North: \_\_\_\_\_ East: \_\_\_\_\_ South: \_\_\_\_\_ West: \_\_\_\_\_



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## C. Builder's Risk

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(xi) % of exterior walls to be sheathed in combustible finish (EIFS, wood, mansard, sign, etc.): \_\_\_\_\_ %

Describe installation:

(xii) LEED Building Design and Construction rating level the building is intended to comply with:

Certified

Silver

Gold

Platinum

Not Applicable

(xiii) % of roof covered with Green Roof: \_\_\_\_\_

Describe installation:

(xiv) Power Generation capabilities incorporated as part of the project:

None

Solar Panels

Wind Turbine(s)

Geothermal

Other

Describe installation (including maximum kilowatts produced):

(xv) Describe any additional information that will assist with underwriting:

## 10. Flooding and Seepage Exposure

(i) Nearest body of water:

Name: \_\_\_\_\_

Distance: \_\_\_\_\_

(ii) Past flood history at site:

(iii) Height of project above maximum flood stage:

\_\_\_\_\_

(iv) Describe exposure during and after excavation from surface water:

(v) Describe precautions to be taken to prevent damage from flood:

(vi) What is being done to prevent run-off damage?

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## C. Builder's Risk

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(vii) Type of dewatering:	None	Submersible Pumps	Wellpoints
(ix) Are redundant pumps available?		Yes	No
(x) Is a backup power supply available?		Yes	No

## 11. Site Risks

Detail exposures from:

(i) Winter heating conditions (type of heaters):

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

(iii) Is straw to be used for temporary insulation of footings? Yes      No

Details of where straw will be stored:

## 12. If SOFT COSTS or DELAYED OPENING COVERAGE IS REQUIRED, please detail:

(i) Contracted completion date: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

(ii) Anticipated replacement times for key items if reorder necessitated (eg. boilers, turbines, generators, etc.)

Item	Delivery period	Supplier location
1.		
2.		
3.		
4.		

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

## 14. Claims Experience (Attach a separate sheet if more space required):

Detail any Builders' Risk or Installation Floater claims (exceeding \$10,000 per accident whether insured or not) incurred by any of the following during the past three (3) years: (Owner, General Contractor, Project/Construction Manager), indicate date, amount, nature of claim.

Date	Amount	Nature of claim
	\$	
	\$	
	\$	
	\$	

# Builders' Choice - Construction Project Application

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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.

## D. Privacy Disclosure and Consent

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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.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Broker please complete the following:

Broker: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone no. \_\_\_\_\_ Facsimile no. \_\_\_\_\_