**In addition to this application form please also include the following :**

* Budget with breakdown of values (Construction Costs, CM Fees, Finance Costs etc.)
* Site Plan and/or Drawings
* Schedule of Construction / GANTT Chart
* Geotechnical Report
* List of Claims in excess of $ 250,000 over last 5 years for GC
* List of previous projects similar in size and # of stories & like construction

**Application for**:  **Builder’s Risk**

**Wrap Up Liability**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | | | | | | | | |
| 1. **Project Participants:** | *This should coincide with entities that need to be named on the policies/invoices:* | | | | | | | | | | | | | | | | |
|  | **Legal Name(s) of Owner(s):** | | | | | | | | |
|  | **General Contractor/Construction Manager:** | | | | | | | | |
|  | **Prime Architect/Engineering Consultant:** | | | | | | | | |
|  | **Geotechnical Engineer:** | | | | | | | | |
| 1. **Address of Applicant:** |  | | | | | | | | | | | | | | | | |
| 1. **Project Name:** |  | | | | | | | | | | | | | | | | |
| 1. **Project Location** (*Legal Address)* **:** |  | | | | | | | | | | | | | | | | |
| 1. **Description of the Project/Works:** |  | | | | | | | | | | | | | | | | |
| 1. **Contract Dates:** |  | | | | | | | | | | | | | | | | |
| 1. **Construction Period:**   *(If different than above dates)* |  | | | | | | | | | | | | | | | | |
| 1. **Project Values:** | *This should coincide with the attached Budget submitted* | | | | | | | | | | | | | | | | |
|  | Contract Value & Design Fees  Existing Structures | | | *(Actual or Estimated Contract Value signed with Contractor/CM + Fees with Design Consultants)*  *(Values of existing structures that will form part of the contract)* | | | | | | | | | | | | | |
| **Construction Information** | | | | | | | | | | | | | | | | | |
| 1. **Construction Type** *(choose 1)* | ***New Construction***  *Greenfield/Rural/Residential Locations*  *> 7.5M/22.5ft Clearance to surrounding property* | | | | | | ***New Construction***  *Town/City/Urban Locations*  *< 7.5M/22.5ft clearance to surrounding property* | | | | | | | | ***Renovation or Attachment***  *Interior/Exterior Renovations and/ or Attachments to existing structure* | | |
|  |  | | | | | |  | | | | | | | |  | | |
| 1. **Construction Class:** | Choose an item.    ***FRAME? MASSTIMBER*** *- Buildings where the walls are constructed* ***of wood, CLT, GLT, Mass Timber or other combustible materials****, including when combined with other materials such as brick veneer, stone veneer, wood ironclad or stucco on wood.*    ***JOISTED MASONRY*** *- Buildings where the walls are constructed of masonry materials such as clay, adobe, brick, gypsum block, cinder block, hollow concrete block, stone, tile, glass block or other similar material and where the floors and / or roof are combustible.*    ***MASONRY NON-COMBUSTIBLE*** *- Buildings where the walls are constructed of masonry materials of the type described in JOISTED MASONRY above but with a floor and roof constructed of metal or other non-combustible materials.*    ***NON-COMBUSTIBLE*** *- Buildings where the walls, floors and roof are constructed of and supported by metal, asbestos, gypsum or other non-combustible material*. | | | | | | | | | | | | | | | | |
| 1. **Structure Footprint:** | ***Height Above Grade*** | | | | Storeys | | | | | | | | | In Feet/Metres | | | |
|  | ***Height Below Grade*** | | | | Storeys | | | | | | | | | In Feet/Metres | | | |
|  | ***Total Area*** | | | | Square Feet | | | | | | | | | Square Metres | | | |
| 1. **Construction Materials:** | Click here to enter text. | |
| 1. **Framework:** | Click here to enter text. | |
| 1. **Exterior Walls:** | Click here to enter text. | |
| 1. **Roof Structure:** | Click here to enter text. | |
| 1. **Roof Covering:** | Click here to enter text. | |
| 1. **Floor Structure:** | Click here to enter text. | |
| 1. **Floor Covering:** | Click here to enter text. | |
| 1. **Adjacent Exposures:** | **Direction** | | **Type of Construction** | | | | | | | | **Occupancy** | | | | | **Distance** | |
|  | **North** | | Click here to enter text. | | | | | | | | Click here to enter text. | | | | | Click here to enter text. | |
|  | **East** | | Click here to enter text. | | | | | | | | Click here to enter text. | | | | | Click here to enter text. | |
|  | **South** | | Click here to enter text. | | | | | | | | Click here to enter text. | | | | | Click here to enter text. | |
|  | **West** | | Click here to enter text. | | | | | | | | Click here to enter text. | | | | | Click here to enter text. | |
| 1. **Security:** | **Is the Site Fenced?** | | | | | | **Yes** *or*  **No** | | | | | | | | | | |
|  | **Are there Watchman Services?** | | | | | | **Yes** *or* **No CCTV** **Yes** *or* **No** | | | | | | | | | | |
|  | **Are there Alarms?** | | | | | | **Yes** *or* **No** | | | | | | | | | | |
| 1. **Subsurface Operations** | *Will there be any of the following?* | | | | | | | | | | | | | | | | |
|  | **Blasting** | | | | | | | **Yes** *or*  **No** | | | | | | | | | |
|  | **Shoring** | | | | | | | **Yes** *or*  **No** | | | | | | | | | |
|  | **Pile Driving** | | | | | | | **Yes** *or*  **No** | | | | | | | | | |
|  | **Underpinning** | | | | | | | **Yes** *or*  **No** | | | | | | | | | |
| 1. **Phased Handover of Project?** | **Yes** *or*  **No  *If Yes, please provide details of phased handover dates***  Click here to enter text. | | | | | | | | | | | | | | | | |
| 1. **Occupancy Prior to Completion?** | **Yes** *or*  **No *If Yes, Provide details:***  Click here to enter text. | | | | | | | | | | | | | | | | |
| 1. **Construction in compliance with Geotechnical recommendations?** | **Yes** *or*  **No** | | | | | | | | | | | | | | | | |
| **Wrap Up Liability (Complete if Coverage is Required)** | | | | | | | | | | | | | | | | | |
| 1. **Limit of Liability Required** | Click here to enter text. | | | | | | | | | | | | | | | | |
| 1. **Deductible Required** |  | | | | | | | | | | | | **Property Damage Only?** | | | | **Yes** or  **No** |
| 1. **Completed Operations:** |  | | | | | | | | | | | | | | | | |
| 1. **Existing Structure** | **Does the Project attach to or communicate with an existing structure?** | | | | | | | | | | | | **Yes** *or*  **No** | | | | |
|  | **Occupancy of Existing Structure during Construction:** | | | | | | | | | | | | **Yes** *or*  **No** | | | | |
| 1. **Exposures** | *Will there be any of the following?* | | | | | | | | | | | | | | | | |
|  | **Tunnelling/Demolition using explosives or ball & chain** | | | | | | | | | | | **Yes** or  **No** | | | | | |
|  | **Project Site within 20M of Rail/Metro line or stations** | | | | | | | | | | | **Yes** or  **No** | | | | | |
|  | **Work on bridge over 150M long** | | | | | | | | | | | **Yes** or  **No** | | | | | |
|  | **Airside Exposure** | | | | | | | | | | | **Yes** or  **No** | | | | | |
|  | **Standalone Roofing Renovation** | | | | | | | | | | | **Yes** or  **No** | | | | | |
|  | **Hot Roofing or Installation of Hot Membranes** | | | | | | | | | | | **Yes** or  **No** | | | | | |
|  | *Hot Roofing means roofing methods which include the use of open flame or heated asphalt including the hiring and/or supervision of any contractors, sub-contractors and/or employees involved in such operations.* | | | | | | | | | | | *Hot Membranes means synthetic rubber, thermoplastic membrane or modified bitumen combined with the application of heat.* | | | | | |
|  | ***If ‘Yes’ to Hot Roofing or Installation of Hot Membranes Work*** | | | | | | | | | | |  | | | | | |
|  | **Value of Work** | | | | | | | | | | | Click here to enter text. | | | | | |
|  | **Will Hot Roofing or Installation of Hot Membrane occur before Phased Occupancy or Handover?** | | | | | | | | | | | **Yes** or  **No** | | | | | |
| **Builder’s Risk (Complete if Coverage is Required)** | | | | | | | | | | | | | | | | | |
| 1. **Offsite Storage Exposure** | **Yes** or  **No** | | | | | | | | **Value of Materials Offsite at any given time:** | | | | | | | | |
| 1. **Transit Exposure** | **Yes** or  **No** | | | | | | | | **Value of Materials in Transit at any one time:** | | | | | | | | |
| 1. **Structural Renovations** | **Yes** or  **No** | | | | | | | | **Value of Work associated with Structural Renovations:** | | | | | | | | |
| 1. **Testing & Commissioning** | **Yes** or  **No** | | | | | | | | **Period:** | | | | | | | | |
| 1. **Equipment to be Installed** | **New** or  **Used** | | | | | | | | **If used, please provide value and age:** | | | | | | | | |
| 1. **Exposures** | **Location to Nearest Fire Department** | | | | | | | | | |  | | | | | | |
|  | **Name of City/Town providing Protection** | | | | | | | | | |  | | | | | | |
|  | **Number of Operational Hydrants within 1000ft** | | | | | | | | | |  | | | | | | |
|  | **Will the project be sprinklered?** | | | | | | | | | | **Yes** or  **No** / **Notes**: | | | | | | |
|  | **% of Project Value to incorporate Frame components** | | | | | | | | | |  | | | | | | |
| 1. **Exterior Insulation Finishing Systems & Insulated Metal Panels** | **Will the project include EIFS or IMPs** | | | | | | | | | | **Yes** or  **No** | | | | | | |
|  | **Are the panels fire-rated or FM Approved?** | | | | | | | | | | **Yes** or  **No**  **N/A** | | | | | | |
|  | **Is the insulation non-combustible?** | | | | | | | | | | **Yes** or  **No**  **N/A** | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Delay in Start Up Coverage (Complete if Coverage is Required)** | | | | | | | | | | | | | | | | | |
| The attached worksheet is intended to be used as an aid in establishing as appropriate sum insured. In the event the project sustains property damage, you may also suffer a reduction in net profit. This net profit loss can be from either revenues being decreased or expenses being increased. The period of delay will vary according to what assets are damaged and the nature of the damage. Partial damage to a vital asset can cause delay for an extended period (i.e. elevator shafts). This worksheet is intended to assist in establishing values for the pure delay claim. A brief definition of the various forms is below:  **FORMS**  **Loss of Gross Profit** being the sum obtained by applying the Rate of Gross Profit to the amount by which the actual Revenue during the Indemnity Period falls short of the Revenue which would have been achieved had the Delay not occurred.  **Loss of Fixed Costs** being the sum obtained by applying the Rate of Fixed Costs to the amount by which the actual Revenue during the Indemnity Period falls short of the Revenue which would have been achieved had the Delay not occurred.  **DEFINITIONS**  **Rate of Gross Profit** - The percentage of Gross Profit which, had the Delay not occurred, would have been earned out of the Revenue during the Indemnity Period.  **Rate of Fixed Costs** - The percentage of Fixed Costs, which had the Delay not occurred, would have been payable out of the Revenue earned during the Indemnity Period.  **Fixed Costs** - The Debt Service Costs and other fixed costs as more fully described within the business plan or financial model lodged with or disclosed to Insurer.  **Gross Profit** - The amount by which the Revenue exceeds the amount of the Specified Working Expenses.  **Specified Working Expenses** - Any variable costs, including but not limited to costs incurred for the acquisition of goods, materials, as well as supplies and services (unless required for the upkeep of the Property Insured) including any expenditure or tax, licence fees and the like, in so far as such costs are dependent on Revenue.  **Revenue** - The amount of money (less discounts allowed) paid or payable to the Insured for goods, products or services sold, delivered or rendered in the course of the insured business conducted at the Project Site.  **Debt Service Costs** - The interest payable and the scheduled repayments of principal/capital sum and any associated fees due under the terms of the finance agreement(s) between the Named Insured and their financiers and/or funders. | | | | | | | | | | | | | | | | | |
| Choose an item.  *(over indemnity period below)* | | *Enter in Value over the period of indemnity noted below (i.e. $100,000 per month for a 12 month period of indemnity would be $1,200,000)* | | | | | | | | | | | | | | | |
| **Indemnity Period (Months)** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Soft Costs Coverage (Complete if Coverage is Required)** | | | | | | | | | | | | | | | | | |
| The attached worksheet is intended to be used as an aid in establishing as appropriate sum insured. In the event the project sustains property damage and the completion date is delayed, you may suffer additional costs as noted below:  **Financial Costs** shall include but not be limited to Commitment Fees, Standby Fees, Letters of Credit, Land Rent and Construction Loan Fees. Construction Loan Fees are defined as the additional costs that may be incurred to rearrange loans necessary for the completion of construction.  **Interests Expense** shall include but not be limited to the additional interest that may be charged by lenders for the extension or renewal of interim financing necessary for the completion of the project including interest incurred on loans to finance reconstruction or repair  **Legal & Accounting Expense** shall include but not be limited to the cost that may be incurred in arranging refinancing, accounting work that may be necessary in restructuring the financing, legal work that may be necessary in preparing new documents.  **Miscellaneous Carrying Costs** shall include but not be limited to property taxes, insurance premiums , building permits, the cost of continuing and maintaining the services of engineering and design consultants, payroll of key personnel and office, site service and vehicle expenses relating to the construction operations and other miscellaneous costs. | | | | | | | | | | | | | | | | | |
| **Soft Costs** | | | | | | *Enter Value Below* | | | | | | | | | | | |
| Financial Costs | | | | | |  | | | | | | | | | | | |
| Interest Expense | | | | | |  | | | | | | | | | | | |
| Legal & Accounting Expense | | | | | |  | | | | | | | | | | | |
| Miscellaneous Carrying Costs | | | | | |  | | | | | | | | | | | |
| **Total Soft Costs** | | | | | |  | | | | | | | | | | | |
| **Declaration & Signature** | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | |
| **Date:** Click here to enter a date. | **Electronic Signature**: Enter Name | | | | | | | | | | | | | | | | |