|  |
| --- |
| **WRAP-UP LIABILITY** –Application for insurance |

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |
| --- |
| **APPLICANT INFORMATION** |
|  |
| Applicant’s email address:(Required for e-signature) |       |
|  |  |
| Applicant Name (legal name): |       |
|  |  |
| Province (Mailing Address): |       |
|  |  |
| **RISK INFORMATION** |
|  |  |
| **CONSTRUCTION PROJECT INFORMATION** |  |
|  |  |
| TOTAL Estimated Construction Cost - (Cost to Rebuild, Hard Cost Only and include Rebuild Cost of Existing Structure(s)): | $      |
|  |  |
| Project Site / Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |
| Project Term Length (Months): |       |  |
|  |  |
| Has construction activity already started on the site? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please describe what works have been performed so far: |       |
|  |  |  |
|  |       |
|  |  |  |
| Nature of work: |  |
|  |  |  |
|  | [ ]  New construction of structure(s) (100%)  | [ ]  Renovation to existing structure (100%) |
|  | [ ]  Addition to + renovation to existing structure\* | [ ]  New structure and renovation existing |
|  | [ ]  Road works | [ ]  Bridges/ overpasses |
|  | [ ]  Tenants improvement project - office  | [ ]  Tenants improvement project – other than office |
|  | [ ]  Site works (utilities, roads, etc.) | [ ]  Other |
|  |  |  |
|  | \*Confirm the year built of existing structure: |       |  |
|  |  |  |
|  | Existing Structure - Construction: |       |
|  |  |  |
|  |  | [ ]  Wood frame  | [ ]  Non-combustible  | [ ]  Fire-resistive  | [ ]  Other  |
|  |  |  |
|  |  | If other, please describe: |       |
|  |  |  |
| Description of Project Intended Occupancy: |  |  |
|  |  |  |
|  | [ ]  Single-family detatched home(s)  | [ ]  Residential duplex | [ ]  Residential triplex |
|  | [ ]  Residential fourplex | [ ]  Residential five plex | [ ]  Residential six plex |
|  | [ ]  Multi-family condo apartment | [ ]  Manufacturing building | [ ]  Industrial building |
|  | [ ]  Townhome block(s) | [ ]  Other |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Construction type: |  |  |  |
|  |  |  |  |  |
|  | [ ]  Wood Frame  | [ ]  Non-combustible  | [ ]  Fire Resistive  | [ ]  Road works  |
|  | [ ]  Site works | [ ]  Other  |  |  |
|  |  |  |  |  |
| Roof construction: |  |  |  |
|  |  |  |  |
|  | [ ]  Wood  | [ ]  Steel Deck | [ ]  Concrete  | [ ]  Other  |
|  |  |  |  |  |
| Roof finish: |  |  |  |
|  |  |  |  |
|  | [ ]  Shingles  | [ ]  Tar & gravel  | [ ]  Torch-on membrane  | [ ]  EPDM (no heat)  | [ ]  Other |
|  |  |  |  |  |  |
|  | If other, specify: |       |
|  |  |  |
| Number of Stories above grade: |       | Number of Stories below grade: |       |
|  |  |  |  |
| Number of Structures: |       |  |  |
|  |  |  |  |
| **SITE CONDITIONS** |  |  |  |
|  |  |  |  |
| What best describes the site location? |  |  |  |
|  |  |  |  |
|  | [ ]  Urban infill (high traffic)  | [ ]  Urban infill (low traffic)  | [ ]  Civil works/ Road works  |
|  | [ ]  New development (very little surrounding exposure) |  |
|  |  |  |
| Nature of the ground being built on: |  |
|  |  |
|  | [ ]  Flat  | [ ]  Sloped  | [ ]  Hillside  |
|  |  |  |  |
| Is there a Geotech report in place? | [ ]  No [ ]  Yes\* |
|  |  |
|  | Will all Geotech report recommendations be followed? | [ ]  No [ ]  Yes |
|  |  |  |
|  | \*Please attach Geotech report |  |
|  |  |  |
| Will the project have attachment or connection to an existing structure? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, describe: |       |
|  |  |  |
| Will the project require some blasting or demolition? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, describe: |       |
|  |  |  |
| Will the project require shoring? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, describe: |       |
|  |  |  |
| Will the project require underpinning? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, describe: |       |
|  |  |  |
| Will the project require pile driving work? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, describe: |       |
|  |  |  |
| Will there be any hot tar or torch works for roof, patio, or any other membrane-related work? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, describe: |       |
|  |  |  |

|  |  |
| --- | --- |
| **ADJACENT EXPOSURES** |  |
|  |  |
| North - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| North – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant commercial lot  | [ ]  Vacant residential lot | [ ]  Other |
|  |  |  |  |
|  | If other, specify: |       |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| South - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| South – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant commercial lot  | [ ]  Vacant residential lot | [ ]  Other |
|  |  |  |  |
|  | If other, specify: |       |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| East - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| East – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant commercial lot  | [ ]  Vacant residential lot | [ ]  Other |
|  |  |  |  |
|  | If other, specify: |       |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| West - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| West – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant commercial lot  | [ ]  Vacant residential lot | [ ]  Other |
|  |  |  |  |
|  | If other, specify: |       |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| **LOSS CONTROL** |
|  |  |
| Will the project have risk management program in place (ie traffic control, vibration monitoring, etc.)? | [ ]  No [ ]  Yes |
|  |  |
| Will the project be fully fenced? | [ ]  No [ ]  Yes |
|  |  |
| Will the project have an onsite security guard? | [ ]  No [ ]  Yes |
|  |  |
| Will the project have site surveillance cameras? | [ ]  No [ ]  Yes |
|  |  |
| Will any portion of the project be occupied prior to the completion? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, explain (details and details of risk management in place to protect other occupiers and the public): |
|  |  |
|  |       |
|  |  |

|  |
| --- |
| **PROJECT MANAGEMENT** |
|  |
| Is there a professional General Contractor or professional Project Manager? | [ ]  No [ ]  Yes |
|  |  |
| If no,  |  |
|  |  |
|  | Explain who is managing the project: |       |
|  |  |
| If yes,  |
|  |  |
|  | Name of the General Contractor or professional Project Manager: |       |
|  |  |
|  | Number of years of construction experience: |       | Number of years in business: |       |
|  |  |  |  |  |
|  | What is their experience? | [ ]  No prior experience with this type of project  |  |
|  |  | [ ]  Has built several projects of same size/ scope  |  |
|  |  |  |  |  |
|  | Do they carry an annual CGL policy? | [ ]  No [ ]  Yes |  |
|  |  |  |  |
| List the 3 largest projects completed by the General Contractor/Project Manager over the last 5 years: |  |
|  |  |
|  |  |
| Project 1 – Year completed:  |       | Construction cost: | $      |  |
|  |  |
|  | Type of project: |
|  |  |
|  | [ ]  Single-family detatched home(s)  | [ ]  Multi-family apartment | [ ]  Road works |
|  | [ ]  Bridges/ Overpasses | [ ]  Commercial building (retail, office) | [ ]  Multi-family condo apartment |
|  | [ ]  Manufacturing building | [ ]  Industrial building | [ ]  Infrastructure |
|  | [ ]  Townhome block(s) |  |  |
|  |  |  |  |
|  |  |  |  |
| Project 2 – Year completed:  |       | Construction cost: | $      |  |
|  |  |
|  | Type of project: |
|  |  |
|  | [ ]  Single-family detatched home(s)  | [ ]  Multi-family apartment | [ ]  Road works |
|  | [ ]  Bridges/ Overpasses | [ ]  Commercial building (retail, office) | [ ]  Multi-family condo apartment |
|  | [ ]  Manufacturing building | [ ]  Industrial building | [ ]  Infrastructure |
|  | [ ]  Townhome block(s) |  |  |
|  |  |  |  |
|  |  |  |  |
| Project 3 – Year completed:  |       | Construction cost: | $      |  |
|  |  |
|  | Type of project: |
|  |  |
|  | [ ]  Single-family detatched home(s)  | [ ]  Multi-family apartment | [ ]  Road works |
|  | [ ]  Bridges/ Overpasses | [ ]  Commercial building (retail, office) | [ ]  Multi-family condo apartment |
|  | [ ]  Manufacturing building | [ ]  Industrial building | [ ]  Infrastructure |
|  | [ ]  Townhome block(s) |  |  |
| **LOSS HISTORY** |  |
|  |  |
| Has the OWNER had any prior losses (claimed or not) under a construction policy in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please list all claims in the last 5 years: |       |
|  |  |  |
|  |       |
|  |  |
| Has the DEVELOPER had any prior losses (claimed or not) under a construction policy in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please list all claims in the last 5 years: |       |
|  |  |
|  |       |
|  |  |
| Has the GENERAL CONTRACTOR OR PROJECT MANAGER had any prior losses (claimed or not) under a construction policy in the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please list all claims in the last 5 years: |       |
|  |  |  |
|  |       |
|  |  |
| Is the Applicant aware of any losses (claimed or not) or incidents or site conditions which may result in a loss, on the project site during the last 5 years? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please list all claims in the last 5 years: |       |
|  |  |  |
|  |       |
|  |  |
| Has owner, developer, general contractor or project manager ever had insurance refused or cancelled? | [ ]  No [ ]  Yes |
|  |  |
|  | Please describe in detail: |       |
|  |  |
|  |       |
|  |  |
| **COVERAGES** |
|  |  |
| The quotation produced will display all available options. Refer to Underwriting Department if you require alternate terms. Please click Continue to proceed to Quote.The Applicant understands that it is a requirement under the proposed Wrap Up Liability policy that a Builders Risk / Course of Construction property insurance policy is maintained in place while property is exposed (ie from forming for foundations on new builds or from the onset of any work for renovation or improvement projects), and understands that not meeting this requirement may void any liability policy if granted. |
|  |
|  | [ ]  No [ ]  Yes |
|  |  |
| **ISSUANCE INFORMATION** |
|  |  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |
|  |  |  |  |
| Proposed Expiry Date (MM/DD/YYYY): |       |  |
|  |  |  |  |
| Requested Wrap-Up Liability Limit: | [ ]  $2,000,000  | [ ]  $5,000,000  | [ ]  $10,000,000  |
|  |  |  |  |
| Deductible: | [ ]  $5,000  | [ ]  $10,000 | [ ]  $25,000 |
|  |  |  |  |
| **MAILING ADDRESS** |  |  |  |
|  |  |  |  |
|  | Address: |       |
|  |  |  |  |  |
|  | City: |       | Province: |       | Postal Code: |       |
|  |  |  |  |  |
| **ADDITIONAL INSUREDS** |  |  |  |
|  |  |  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |
|  |  |  |  |
|  | Additional Insured 1 |  |  |  |
|  |  |  |  |  |
|  | Full legal name: |       | Address: |       |
|  |  |  |  |  |
|  | City: |       | Province: |       | Postal Code: |       |
|  |  |  |  |  |
|  | What is the relation between the Applicant and the additional insured entity? |  |
|  |  |  |
|  | [ ]  Customer of insured | [ ]  Landlord | [ ]  Government body |
|  | [ ]  Lead contractor | [ ]  Lessor/ Finance company | [ ]  Lessor/ finance company |
|  | [ ]  Subsidiary (100% wholly owned by applicant) | [ ]  Subsidiary (not wholly owned by applicant) | [ ]  Joint venture |
|  | [ ]  Other |  |  |
|  |  |  |  |
|  | Additional Insured 2 |  |  |  |
|  |  |  |  |  |
|  | Full legal name: |       | Address: |       |
|  |  |  |  |  |
|  | City: |       | Province: |       | Postal Code: |       |
|  |  |  |  |  |
|  | What is the relation between the Applicant and the additional insured entity? |  |
|  |  |  |
|  | [ ]  Customer of insured | [ ]  Landlord | [ ]  Government body |
|  | [ ]  Lead contractor | [ ]  Lessor/ Finance company | [ ]  Lessor/ finance company |
|  | [ ]  Subsidiary (100% wholly owned by applicant) | [ ]  Subsidiary (not wholly owned by applicant) | [ ]  Joint venture |
|  | [ ]  Other |  |  |
|  |  |  |  |
|  | Additional Insured 3 |  |  |  |
|  |  |  |  |  |
|  | Full legal name: |       | Address: |       |
|  |  |  |  |  |
|  | City: |       | Province: |       | Postal Code: |       |
|  |  |  |  |  |
|  | What is the relation between the Applicant and the additional insured entity? |  |
|  |  |  |
|  | [ ]  Customer of insured | [ ]  Landlord | [ ]  Government body |
|  | [ ]  Lead contractor | [ ]  Lessor/ Finance company | [ ]  Lessor/ finance company |
|  | [ ]  Subsidiary (100% wholly owned by applicant) | [ ]  Subsidiary (not wholly owned by applicant) | [ ]  Joint venture |
|  | [ ]  Other |  |  |
|  |  |  |  |

|  |
| --- |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |
|  |  |  |  |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |
|  |
|  |
| **Email completed apps to newconstruction@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** |