**Stand Alone – Wrap Up Liability -** APPLICATION FOR INSURANCE

This application is for wrap up liability or CGL stand alone commercial builder’s risk accounts. Please refer to Builder’s Risk Long Form for COC coverage.

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| **APPLICANT INFORMATION:**  |
| Applicant:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant’s email (REQUIRED for e-signature): |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Have you ever had any prior losses (claimed or not) under a construction policy? [ ]  No [ ]  Yes Details:      \_\_\_\_\_\_\_\_\_\_ |
| Have you ever had insurance refused or cancelled? [ ]  No [ ]  Yes - details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RISK INFORMATION:**  |  |
| Risk Location:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Start Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Completion Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Description of Project: |  |
| [ ]  Multi-family apartment | [ ]  Single family home | [ ]  Road works |
| [ ]  Multi-family condo apartment | [ ]  Commercial building (retail, office) | [ ]  Manufacturing building |
| [ ]  Townhome block (s) | [ ]  Industrial building | [ ]  Other:       |  |

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|  |  |
| Nature of work: [ ]  New Construction of Structure(s) (100%)  | [ ]  Renovation to Existing Structure (100%)  |
|  [ ]  Addition + Renovation to Existing Structure [ ]  Mix – Reno + New Construction of a Structure [ ]  Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  If renovation work, year built of existing structure:      \_\_\_\_\_\_\_\_\_

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| Construction Type:  | [ ]  Wood Frame  | [ ]  Concrete Block / Masonry  | [ ]  Fire Resistive  |
|  [ ]  Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| Is there a Geotech report in place: [ ]  No [ ]  Yes Will all recommendations be followed: [ ]  No [ ]  Yes  |
| Are adjacent structures 25 feet or less away from the project [ ]  No [ ]  Yes  |
| Will the project have:  |  |
| a risk mitigation program in place (IE traffic control, vibration monitoring etc.)  | [ ]  No [ ]  Yes Describe:       |
| attachment or connection to an existing structure | [ ]  No [ ]  Yes Describe:       |
| blasting or demolition | [ ]  No [ ]  Yes Describe:       |
| shoring?  | [ ]  No [ ]  Yes Describe:       |
| underpinning?  | [ ]  No [ ]  Yes Describe:       |
| pile driving?  | [ ]  No [ ]  Yes  |
| underground parking over 3 levels | [ ]  No [ ]  Yes  |
| torch on roofing? | [ ]  No [ ]  Yes  |
| fully fenced?  | [ ]  No [ ]  Yes  |
|  |  |
| Is there a professional General Contractor or professional Project Manager? [ ]  No [ ]  Yes  |
|  Name of Professional Manager?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Do they carry an annual CGL policy?  |  [ ]  No [ ]  Yes  |
|  Has the Professional Manager had any losses in the past? [ ]  No [ ]  Yes   Describe:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of years of experience:       **COMPLETE THE FOLLOWING SECTION IF PROJECT ALREADY STARTED:**  |
|  |  |
| Has construction activity already started?  | [ ]  No [ ]  Yes – Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| Why was insurance not placed?  | [ ]  Cost prohibitive [ ]  Forgotten/miscommunication [ ]  New financing just secured  |
|  [ ]  Current / prior insurer will not extend coverage further |
| Is there a COC policy in place? [ ]  No [ ]  Yes If yes: Insuer      \_\_\_\_\_\_\_\_\_ Policy term      \_\_\_\_\_\_\_\_\_\_\_\_  |
| Are there any builder liens on the property? [ ]  No [ ]  Yes – explain:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Has there been any change in financial status of the contractor or owner? [ ]  No [ ]  Yes – explain:      \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| What dollar ($) amount of the construction budget has been spent as of today? $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What stage of construction is the project at? |
| [ ]  Foundation work being conducted [ ]  Framed – no doors and windows[ ]  Framed – doors and windows  | [ ]  Lockup – finishing work to be done [ ]  Complete – waiting for occupancy permit[ ]  Other - details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MORTGAGEE –** name + address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **REQUESTED COVERAGE LIMITS** |  |  |
| Cost to Rebuild (Replacement Cost): | $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Soft Costs (finance, fees + other recurring carrying cost): | $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **REQUESTED WRAP-UP LIABILITY LIMIT:** [ ]  $5,000,000 [ ]  $10,000,000 [ ]  $15,000,000 [ ]  $20,000,000 [ ]  $25,000,000**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 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.**Applicant Signature:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Brokerage:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Broker ID#:      \_\_\_\_\_\_\_ Broker Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Broker Email:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:      \_\_\_\_\_\_\_\_\_\_\_\_ |