

CONSTRUCTION PROJECTS APPLICATION (WRAP-UP)

- ☐ Builder's Risk
☐ « Wrap-Up » Liability

1. Applicant's name:

2. Address:

PROJECT IDENTIFICATION

3. Name of Project:

4. ☐ New Construction %

5. ☐ Addition %

6. ☐ Renovation %

7. Description of work:

8. Location (address):

9. Occupancy:

10. Construction Period :

From:	
To:	

ADDITIONAL INSURED

- ☐ Owner
☐ General Contractor
☐ Others

11. Name:

12. Address:

CONSTRUCTION

13. Number of storeys excluding basement:

14. Square ft/m per storey:

15. Building in construction

Structure	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	Other
Exterior walls	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Brick veneer	Other
Roof	<input type="checkbox"/> Concrete slab	<input type="checkbox"/> Steel deck	Other	
Floors	<input type="checkbox"/> Concrete			Other
Interior walls	<input type="checkbox"/> Masonry	<input type="checkbox"/> Gypsum	Other	

16. Existing Building

Structure	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	Other
Exterior walls	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Brick veneer	Other
Roof	<input type="checkbox"/> Concrete slab	<input type="checkbox"/> Steel deck	Other	
Floors	<input type="checkbox"/> Concrete			Other
Interior walls	<input type="checkbox"/> Masonry	<input type="checkbox"/> Gypsum	Other	

17. Surrounding exposures

North	
South	
East	
West	

18. Fence location ☐ Yes ☐ No

19. Watchman service ☐ Yes ☐ No

20. Temporary heating ☐ Yes ☐ No
Type?

21. Automatic sprinklers ☐ Yes ☐ No

Is project within 500' of a Public Fire Hydrant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distance to fire department (KM)		
Excavation work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A geotechnical report has been prepared	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction according to report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underpinning work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pile driving work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who will perform?		
Partial occupancy during construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22. Coverage Builder's Risk

Coverages (Broad form)	Limits	Deductibles
Value of project (before taxes)		
Other Property to be Insured	Complete A below	
Flood & Earthquake	Complete B below	
TOTAL AT PROJECT SITE		
Coûts accessoires / Soft Costs		
Delayed Start-Up	Complete C below	
SUB LIMITS (included in total at project site)		
Maximal value of property held at Offsite location Describe : _____		
Property in Transit under your responsibility Describe: _____		
Expediting Expenses		
Testing (days)	Complete D below	

A OTHER PROPERTY TO BE INSURED:

23. Existing Structure

Description:

24. Temporary buildings and their contents

Description:

25. Property owned by the Owner

Description:

26. Machinery and equipment other than forming part of the building

Description:

B FLOOD:

27. Name & Distance to a body of water:

C DELAYED START UP:

28. Provide type of incomes

29. Total limit of \$ / per month

30. Number of months

D TESTING :

31. Describe equipment being tested:

32. Period

33. Testing on any used equipment? ☐ Yes ☐ No

WRAP-UP LIABILITY (COMPLETE ONLY IF THIS COVERAGE IS REQUIRED)

34. Completed Operations Period

☐ 12 months ☐ 24 months
☐ Other

	Limits of Liability:	Deductible
Option 1		
Option 2		
Does the project attached to or connected with an existing structure?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER COVERAGES

- ☐ Pollution
- ☐ Professional Liability
- ☐ Marine

If Yes, please contact us for an application which must be completed.

DECLARATION AND SIGNATURE

It is understood and agreed that the completion of this application does not bind the insurer to sell, nor does it obligate the applicant to purchase the insurance.

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com