



CONSTRUCTION PROJECTS APPLICATION

- Builder's Risk
- Wrap-Up Liability

APPLICANT INFORMATION

1. Applicant's name:

2. Applicant's address:

PROJECT IDENTIFICATION

1. Name of project: _____

2. New construction % _____
 Addition % _____
 Renovation % _____

3. Description of work:

4. Location (address):

5. Occupancy:

6. Construction period:

From: _____ To: _____

CLAIMS EXPERIENCE

1. Please detail any builders risk or Wrap-up claims incurred by any of the following during the past five years (owner, general contractor, project/construction manager). Please indicate the date, amount and nature of claim:

ADDITIONAL INSURED

- Owner General contractor Others

1. Name:

2. Address: _____

CONSTRUCTION DETAILS

- 1. Number of storeys excluding basement: _____
- 2. Number of below grade storeys: _____
- 3. Square ft/m per storey: _____
- 4. Is an Exterior Insulation and Finish System (EIFS) used? Yes No
 Does the EIFS assembly include expanded polystyrene insulation (EPS) or other combustible material? Yes No
- 5. Will insulated metal panels be used on the project? Yes No
 If Yes, are the pannels FM approved or insulated with mineral wool? Yes No

6. Building in construction

Structure

- Concrete Steel Frame
- Other: _____

Exterior walls

- Concrete Steel Brick veneer
- Other: _____

Roof

- Concrete slab Steel deck Frame
- Other: _____

Floors

- Concrete Frame
- Other: _____

Interior walls

- Masonry Gypsum
- Other: _____

7. Existing building
Construction year: _____

Structure

- Concrete Steel Frame
- Other: _____

Exterior walls

- Concrete Steel Brick veneer
- Other: _____

Roof

- Concrete slab Steel deck Frame
- Other: _____



BUILDER'S RISK COVERAGE

Coverages (Broad form)		Limits	Deductibles
Value of project (before taxes)			
Other property to be insured	Complete A below		
Flood & earthquake	Complete B below		
Soft costs			
Delayed start-up	Complete C below		
Maximum value of at offsite location			
Describe:			
Property in transit			
Describe:			
Testing (days)	Complete D below		

A - OTHER PROPERTY TO BE INSURED

- 1. Existing structure \$ _____
Description: _____
- 2. Temporary buildings and their contents \$ _____
Description: _____
- 3. Property owned by the owner \$ _____
Description: _____
- 4. Machinery and equipment other than forming part of the building \$ _____
Description: _____

B - FLOOD

- 5. Name body of water: _____
Nearest body of water: _____
Past flood history at site: _____

C - DELAYED START UP

- 6. Provide type of income _____
Limit of \$ _____
Indemnity period: _____



D - TESTING

7. Describe equipment being tested:

Period: _____

Testing on any used equipment? Yes No

WRAP-UP LIABILITY

Complete only if this coverage is required.

1. Completed operations period

12 months 24 months

Other: _____

	Limits of liability	Deductible
Option 1		
Option 2		

2. Does the project attached to or connected with an existing structure? Yes No

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

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

Applicant's signature: _____

Date: _____

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