



CONSTRUCTION PROJECTS APPLICATION (WRAP-UP)

- Builder's Risk
- "Wrap-Up" Liability

APPLICANT INFORMATION

1. Applicant's name:

2. Applicant's 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:

Construction year				
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

Nord North	
Sud South	
Est East	
Ouest 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

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		Limits	Deductibles
Soft Costs			
Delayed Start-Up	Complete C below		
SUB LIMITS (included in total at project site)		Limits	Deductibles
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:

22. Existing Structure
\$

Description:

23. Temporary buildings and their contents
\$

Description:

24. Property owned by the Owner
\$

Description:

25. Machinery and equipment other than forming part of the building
\$

Description:

B FLOOD:

26. Name & Distance to a body of water:

C DELAYED START UP:

27. Provide type of incomes

28. Total limit of
Per month

29. Number of months

D TESTING :

30. Describe equipment being tested:



31. Period

32. Testing on any used equipment? Yes No

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

33. Completed Operations Period

12 months months Autre | 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 of the Insured: _____

Date: _____

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