

CONSTRUCTION INSURANCE APPLICATION

Builders Risk

Wrap-Up Liability

Please complete the GENERAL INFORMATION section for ALL PROJECTS and specific sections for WRAP UP LIABILITY and BUILDERS RISK according to requirements.

SPECIAL NOTE: Each construction project presents unique exposures. Detailed information and submission of all documents/plans requested increase our efficiency and results in the most favorable terms.

When available, provide:

- a) BREAKDOWN OF VALUES for various structures and types of work;
- b) SITE PLAN indicating distance, construction and occupancy of exposures;
- c) SCHEDULE OF CONSTRUCTION;
- d) SUMMARY and RECOMMENDATIONS from the GEOTECHNICAL REPORT;
- e) SCHEDULE indication BUILD-UP OF CONSTRUCTION VALUES.

GENERAL INFORMATION

1. Name and Address of Applicant _____
2. Name of Project _____
3. Address/Location _____
4. Description of Project _____
5. Project Participants (Names)
 - (a) Owner _____
 - (b) Project/Construction Manager _____
 - (c) General Contractor _____
 - (d) Prime Architectural / Engineering Consultant _____
 - (e) Geotechnical Engineer _____
6. Construction Period

From	To:
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7. Policy Term (if different from above)

From	To
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7. Construction Data:

Height of structure:	Storeys	Feet or Metres
Below Grade:	_____	_____
Above Grade:	_____	_____
Total Area (indicate Sq. Feet or Sq. Metres): _____		
Construction Materials: _____		
Framework: _____		
Exterior Walls: _____		
Roof:	Structure: _____	Covering: _____
Floors:	Structure: _____	Covering: _____

8. Adjacent Structures: (Attach site plan if available)	Type of Construction	Occupancy	Distance
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

9. Security:

Is Site Fenced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Height /Type: _____
Watchman Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hrs/Rounds: _____
Alarm:	<input type="checkbox"/> Intrusion	<input type="checkbox"/> Fire/Smoke	Alarm Sounds to: _____

10. Neighbourhood (describe): _____

11. Subsurface Operations:

Describe nature, duration, value and relationship to both the project and to adjacent structures.

Blasting: _____

Shoring: _____

Pile Driving: _____

Underpinning: _____

12. Is this a fast track project? YES NO

If so, detail experience with similar projects:

13. List Project Manager's/General Contractor's five (5) largest projects in the past five (5) years:

NAME	TYPE	LOCATION	VALUE (\$100,000'S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WRAP-UP LIABILITY - (Complete only if this coverage is required.)

1. Total Estimated Project Value: _____ (Attach breakdown if available.)
2. Completed Operations Period: 12 months 24 months Other _____
3. Limits of Liability: Deductible Options:
\$ _____,000,000 \$ _____
\$ _____,000,000 \$ _____
\$ _____,000,000 \$ _____
4. a) Does the project attach to or communicate with an existing structure? YES NO
Manner in which structures will connect or communicate: _____
b) Occupancy of existing structure during construction: _____

c) Business Interruption/loss of use for damages to existing structure: _____

d) Is coverage required for damage to existing structure? YES NO
5. If any portion of the project will be occupied prior to completion, provide details (period, extent and nature of occupancy):

6. Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, underpinning:

7. Detail exposures to utilities, including relocation thereof (both below and above grade):

8. Will construction operations be performed in compliance with Geotechnical recommendations:
 YES NO With Modifications (Provide details)
9. If summary of geotechnical report is not attached, describe soil conditions:

10. Describe any offsite operations or locations which require insurance.

11. Provide details of LOSS CONTROL PROGRAMME to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.):

12. Claims Experience:

Detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three (3) years: (Owner, General Contractor Project/Construction Manager; (indicate date, amount, nature of claim):

BUILDERS RISK (Complete only if this coverage is required.)

1. Total Estimated Project Value: \$ _____ (Attach breakdown if available.)

Hard Costs: \$ _____ (Labour, materials, professional fees to enter into and form part of the project.)

Soft Costs: \$ _____ (Finance costs, additional interest, leasing and marketing expenses, legal & accounting expenses, other carrying costs.)

2. Other Property to be insured: \$ _____

If coverage is required to existing structure, equipment to be furnished by the owner, etc., detail age, construction, condition, occupancy of such property.

3. Is BUSINESS INTERRUPTION COVERAGE (DELAYED START-UP) required? YES NO

If so, detail type of income: _____ for \$ _____

Total limit being \$ _____ per month for _____ month(s) indemnity period

4. COVERAGE	LIMITS	DEDUCTIBLES
VALUE OF PROJECT	\$ _____	\$ _____
OTHER PROPERTY TO BE INSURED	\$ _____	\$ _____
Sublimits	LIMITS	DEDUCTIBLES
Soft Costs (other than 3. above)	\$ _____	\$ _____ days waiting
Delayed Start-up (see 3. above)	\$ _____	\$ _____ period
Offsite	\$ _____	\$ _____
Transit	\$ _____	\$ _____
Testing (electrical/mechanical breakdown during commissioning) _____ wks	\$ _____	\$ _____

5. List offsite locations and maximum value at each: _____

6. Transit:
List key items (individual items over \$100,000 value) point of origin, location where insured accepts responsibility (F.O.B.) _____

7. Testing: a) Who will perform testing operations? _____

b) Describe operations involved in testing and commissioning: _____

c) Will project involve installation of any used equipment? YES NO

8. Location Information:

- a) Distance to nearest Fire Department: _____
- b) Name of City or Town providing protection: _____
- c) Hydrants (operational): Number within 1,000 ft.: _____
- d) Describe private fire protection: _____
- e) Will the project be sprinklered? YES NO
If so, at which time will the sprinkler system be in operation? _____

9. Construction Data:

- a) Has a geotechnical report been completed? YES NO
If not, please advise reasons: _____
- b) Will the project be constructed in compliance with geotechnical recommendations?
 YES NO With Modifications
If modifications, describe in detail: _____

- c) If copy of geotechnical report summary and recommendations is not available, describe soil conditions:

- d) Type of foundation for each structure: _____
- e) Are wood forms to be used? YES NO
- f) Describe any unusual or experimental features in construction or design: _____

- g) Describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included:

10. Flood Exposure:

- a) Nearest body of water: Name: _____ Distance: _____
- b) Past flood history at site: _____
- c) Height of project above maximum flood stage: _____
- d) Describe exposure during and after excavation from surface water: _____

- e) Describe precautions to be taken to prevent damage from flood: _____

- f) What is being done to prevent run-off damage? _____

11. Site Risks:

Detail exposures from:

- a) Winter heating conditions (type of heaters): _____
- b) Explosion (detail use of any highly flammable or explosive materials to be present on site):

12. IF SOFT COSTS/DELAYED START-UP COVERAGE IS REQUIRED, please detail:

- a) Contracted completion date: _____
Anticipated completion date: _____

b) Anticipated replacement times for key items if reorder necessitated (i.e. boilers, turbines, generators etc.):

ITEM	DELIVERY PERIOD	SUPPLIER LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Provide details of LOSS CONTROL PROGRAMME to be implemented to protect insured property:

14. Claims Experience:

Detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the following during the past three (3) years: (Owner, General Contractor, Project/Construction Manager); (Indicate date, amount, nature of claim):

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

Date

Signature of applicant

Broker please complete the following:

Broker: _____

Contract: _____

Address: _____

Phone Number: _____ Facsimile Number: _____

- Attached: Bridge Supplement
 Tunnel Supplement
 Dam Supplement
 Utility Supplement