

## Construction Insurance Application

### Wrap-Up Liability

### Builders Risk

Please complete 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 increases our efficiency and results in the most favourable terms. When available, provide:

- a) BREAKDOWN OF VALUES for the 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 indicating BUILD-UP OF CONSTRUCTION VALUES.

#### GENERAL INFORMATION

1. *Name and Address of Applicant:*

2. *Name of Project:*

3. *Address/Location of Project:*

4. *Description of Project:*

5. *Project Participants (Names):*

*Owner:*

*Project/Construction Manager:*

*General Contractor:*

*Prime Architectural/Engineering Consultant:*

*Geotechnical Engineer :*


6. Construction Period: From :  To:

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

7. Construction Data:

	Storeys	Feet or Metres
Height of structure:		
Below Grade:		
Above Grade:		
Total Area (indicate Sq. Feet or Sq. Metres):		
Construction Materials:		
Framework:		
Exterior Walls:		
Roof:      Structure:	<input type="text"/>	Covering: <input type="text"/>
Floors:     Structure:	<input type="text"/>	Covering: <input type="text"/>

8. Adjacent Structures:  
(Attach site plan if available)

North  
East  
South  
West

Type of Construction	Occupancy	Distance

9. Security

Is the site fenced?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>	Height /Type:	<input type="text"/>
Watchman Service?	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	Hrs./Rounds:	<input type="text"/>
Alarm:	Intrusion	<input type="checkbox"/>	Fire/Smoke	<input type="checkbox"/>	Alarm Sounds to:	<input type="text"/>

10. Neighbourhood (describe):

11. *Subsurface Operations:*

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

<i>Blasting:</i>	
<i>Shoring:</i>	
<i>Pile Driving</i>	
<i>Underpinning:</i>	

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:*

<i>NAME</i>	<i>TYPE</i>	<i>LOCATION</i>	<i>VALUE</i>

**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

<i>Limits of Liability:</i>	<i>Deductible Options:</i>
\$	\$
\$	\$
\$	\$

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	\$	\$	
Sub-limits:	LIMITS	DEDUCTIBLES	
Soft Costs (other than 3. above)	\$		days waiting period
Delayed Start-up (see 3. above)	\$		
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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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8. Location Information:

Distance to nearest Fire Department:

Name of City or Town providing protection:

Hydrants (operational): Number within 1,000 ft.:

Describe private fire protection:

Will the project be sprinklered?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If so, at which time will the sprinkler system be in operation?

9. Construction Data:

a) Has a geotechnical report been completed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If not, please advise reasons:

b) Will the project be constructed in compliance with geotechnical recommendations?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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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:

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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:	Address:	Contract:  Phone: Fax Number: E-mail:
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