

Application

Construction Insurance

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 of Applicant:
2. Address of Applicant:
Postal Code:
3. Name of Project:
4. Address/Location of Project:
5. Description of Project:
6. Project Participants (Names):
Owner:
Project/Construction Manager:
General Contractor:
Prime Architectural/Engineering Consultant:
Geotechnical Engineer:
7. Construction Period: From: _____ To: _____
Policy Term (if different from above): From: _____ To: _____
8. What is the bid date for this project?
9. By what date do you require a quote?
10. Construction Data:

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) What operation and income is likely to be affected if the existing structure is damaged?

(d) Is coverage required for damage to existing structure? YES NO
5. Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, underpinning:
6. Detail exposures to utilities, including relocation thereof (both below and above grade):
7. Will construction operations be performed in compliance with geotechnical recommendations? YES NO With Modifications
If modifications, describe in detail:
8. If summary of geotechnical report is not attached, describe soil conditions:
9. Describe any offsite operations or locations which require insurance.
10. Provide details of LOSS CONTROL PROGRAM to be implemented to protect others from operations (i.e. traffic control, preconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.):
11. 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 and 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: \$	(Financial costs, additional interest expenses, leasing and marketing expenses, legal and accounting expenses, miscellaneous carrying costs.)	

- \$ Financial Costs
- \$ Additional Interest Expenses
- \$ Leasing and Marketing Expenses
- \$ Legal and Accounting Expenses
- \$ Miscellaneous Carrying Costs

Note: Architectural and engineering fees are not Soft Costs but Hard Costs for the purpose of this coverage.

2. Other Property to be insured:

- (a) Existing building: \$
- (b) Temporary buildings, scaffolding, falsework, forms and hoarding: \$
- (c) Job site field offices (excluding contents): \$

If coverage is required for either (a), (b) or (c) above, detail age, construction, condition and 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)	\$	\$
Delayed Start-up (see 3 above)	\$	days
Offsite	\$	\$
Transit	\$	\$
Testing (electrical/mechanical breakdown during commissioning)		weeks \$

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
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13. Provide details of LOSS CONTROL PROGRAM 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):

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to the Insurance Company for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize the Insurance Company, its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

DECLARATIONS AND SIGNATURE

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.

Signature of Applicant

Date

Broker please complete the following:

Broker:

Contract:

Address:

Phone Number:

Facsimile Number:

Attached: Bridge Supplement
 Tunnel Supplement

Dam Supplement
 Utility Supplement