

Construction Insurance Application



Instructions

Application for:

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 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** **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 Construction Period)** From / / To / /

7. Construction Data:

Height of structure below grade

In Storeys In Feet or Metres

Total Area Sq. Feet Sq. Metres

Framework

Roof Structure

Floor Structure

Height of structure above grade

In Storeys In Feet or Metres

Construction Materials

Exterior Walls

Roof Covering

Floor Covering

8. Adjacent Structures	Type of Construction	Occupancy	Distance
North	<input type="text"/>	<input type="text"/>	<input type="text"/>
East	<input type="text"/>	<input type="text"/>	<input type="text"/>
South	<input type="text"/>	<input type="text"/>	<input type="text"/>
West	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Security:

Is site fenced?

Yes No

If yes, please specify height and type:

Is there watchman service?

Yes No

If yes, please specify hours and rounds:

Type of Alarms

Intrusion Fire/Smoke

Alarm sounds to

10. Neighbourhood (describe)

11. Subsurface Operations (Describe the nature, duration, value and relationship to both the project and to adjacent structures)

Blasting	<input type="text"/>
Shoring	<input type="text"/>
Pile Driving	<input type="text"/>
Underpinning	<input type="text"/>

12. Is this a fast track project?

Yes No

If yes, please detail experience with similar projects:

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

Name	Type	Location	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (please specify):

3. Limits of Liability (in millions)

Limits of Liability (in millions)	Deductible Options
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>

4a. Does the project attach to or communicate with an existing structure?

Yes No If yes, 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 and underpinning

7. Detail exposures to utilities, including relation 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)

Date (mon/dd/yyyy)	Amount	Nature of Claim
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

Age	Construction	Condition	Occupancy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Is Business Interruption Coverage (Delayed Start-Up) required?

Yes No If yes, detail type of income: for \$

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

4. Coverage

	Limits	Deductibles
Value of Project	\$ <input type="text"/>	\$ <input type="text"/>
Other Property to be Insured	\$ <input type="text"/>	\$ <input type="text"/>
Sublimits: Soft Costs (other than 3. on previous page)	\$ <input type="text"/>	\$ <input type="text"/>
Delayed Start-Up (see 3. on previous page)	\$ <input type="text"/>	\$ <input type="text"/>
Offsite	\$ <input type="text"/>	\$ <input type="text"/>
Transit	\$ <input type="text"/>	\$ <input type="text"/>
Testing (electrical/mechanical breakdown during commissioning)	\$ <input type="text"/>	\$ <input type="text"/>

5. Offsite Locations and Maximum Value of Each

Offsite Location	Maximum Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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

Item	Point of Origin	Insured Responsible Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 other than connection of/to existing equipment as required.

8. Location Information:

a. Distance to Nearest Fire Department

b. Name of City or Town Providing Protection

c. Number of Operational Hydrants within 1000 feet

d. Describe private fire protection

e. Will the project be sprinklered?

 Yes

 No

If yes, at which time will the sprinkler system be in operation?

9. Construction Data:

a. Has a geotechnical report been completed?

 Yes

 No

If no, please advise reasons:

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

 Yes

 No

 With Modifications

If modifications, please describe in detail:

 n/a

c. If a geotechnical report summary and recommendations is not available, please 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. Name of Nearest Body of Water

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. Detail Site Risk 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 (mon/dd/yyyy)

/ /

Anticipated Completion Date (mon/dd/yyyy)

/ /

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 any hot work operations

14. Provide details of *Loss Control Programme* to be implemented to protect insured property

15. 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)

Date (mon/dd/yyyy)	Amount	Nature of Claim
/ /		
/ /		
/ /		
/ /		
/ /		

Declaration and signature

I/we declare that to the best of my/our knowledge and belief the answers given on this proposal whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

Signature

Date (mon/dd/yyyy)

 / /

If signing on behalf of a company/organization, state position held

The application must be signed by a principal, director or partner of the proposed named insured.

Broker: please complete the following

Broker:

Contact:

Address:

Phone:

 ()

Fax:

 ()

Attached:

Bridge Supplement

Tunnel Supplement

Dam Supplement

Utility Supplement