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**COURSE OF CONSTRUCTION APPLICATION**

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf. We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Please complete GENERAL INFORMATION SECTION for ALL PROJECTS and specific actions 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**

Business Name \_\_\_\_\_

Principal(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Project/Risk Address \_\_\_\_\_

Name of Project \_\_\_\_\_

Description of Project \_\_\_\_\_

Project Participants (Names) \_\_\_\_\_

Owner \_\_\_\_\_

Project/Construction Manager \_\_\_\_\_

General Contractor \_\_\_\_\_

Prime Architectural / Engineering Consultant \_\_\_\_\_

Geotechnical Engineer \_\_\_\_\_

Construction Period From \_\_\_\_\_ To \_\_\_\_\_

Policy Term (if different from above) From \_\_\_\_\_ To \_\_\_\_\_

Construction Data

Height of Structure	Storeys	Feet or Meters
Below Grade	_____	_____
Above Grade	_____	_____

Total Area (indicate sq. feet or sq. meters) \_\_\_\_\_

Construction Materials

Framework \_\_\_\_\_

Exterior Walls \_\_\_\_\_

Roof Structure \_\_\_\_\_ Covering \_\_\_\_\_

Floor Structure \_\_\_\_\_ Covering \_\_\_\_\_

Adjacent Structures (attach site plan if available)

	Type of Construction	Occupancy	Distance
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

Security

Is site fenced?  Yes  No Height/Type \_\_\_\_\_

Watchman service?  Yes  No Hours/Rounds \_\_\_\_\_

Alarm  Intrusion  Fire Alarm sounds to \_\_\_\_\_

Neighbourhood (Describe) \_\_\_\_\_  
\_\_\_\_\_

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

Blasting \_\_\_\_\_

Shoring \_\_\_\_\_

Pile Driving \_\_\_\_\_

Underpinning \_\_\_\_\_

Is this a fast-track project? If so, detail experience with similar projects  Yes  No

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

Name	Type	Location	Value (\$100,000s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WRAP-UP LIABILITY**

**\*\*\*Please attach an aerial photograph and/or Google Maps image of the exact location\*\*\***

Total estimate project value \$ \_\_\_\_\_ (attach breakdown if available)

Completed Operations Period  12 Months  24 Months  Other \_\_\_\_\_ months

**Limits of Liability**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Deductible Options**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Does the project attach to or communicate with an existing structure?  Yes  No

Manner in which structures will connect or communicate \_\_\_\_\_

Occupancy of existing structure during construction \_\_\_\_\_

Business interruption / loss of use exposure for damage to existing structure \_\_\_\_\_

Is coverage required for damage to existing structure?  Yes  No

If any portion of the project will be occupied prior to completion, provide details (period, extent and nature of occupancy)

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

Detail exposures to utilities, including relocation thereof (both below and above ground)

Will construction operations be performed in compliance with geotechnical recommendations?  Yes  No  Modified

If with modifications, provide details: \_\_\_\_\_

If summary of geotechnical report is not attached, describe soil conditions \_\_\_\_\_

Will any new technologies, techniques, non-standard construction materials, etc. be used?  Yes  No  
 (Examples: Virtual/Augmented reality in planning/design, wearables, drones, 3D printers, etc.)

If so, please provide details: \_\_\_\_\_

Describe any offsite operations or locations which require insurance \_\_\_\_\_

Provide details of LOSS CONTROL PROGRAM to be implemented to protect others from operations (i.e. traffic control, preconstruction surveys, vibration monitoring, pre-construction location of utilities and notification to others of interruption thereof etc.)

**CLAIMS EXPERIENCE**

Detail any liability claim(s) (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past five (5) years — owner, general contractor, project/construction manager (indicate date, amount, and nature of the claim(s))

**BUILDERS RISK**

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 expenses, leasing and marketing expenses, legal and accounting expenses, other carrying costs)

Other property to be insured

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

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

If so, detail type of income: \_\_\_\_\_ For \$ \_\_\_\_\_

Total limit being \$ \_\_\_\_\_ Per month for \_\_\_\_\_ Month(s) indemnity period

**COVERAGE**

	<b>Limit</b>	<b>Deductible</b>
VALUE OF PROJECT	\$ _____	\$ _____
OTHER PROPERTY TO BE INSURED	\$ _____	\$ _____
Sub limits	<b>Limit</b>	<b>Deductible</b>
Soft Costs (other than as noted above)	\$ _____	\$ _____
Delayed start-up (see above)	\$ _____	_____ Days waiting period
Offsite	\$ _____	\$ _____
Transit	\$ _____	\$ _____
Testing (electrical/mechanical breakdown during commissioning)	_____ weeks	\$ _____

List offsite locations and maximum value at each \_\_\_\_\_

Transit - List key items (individual items over \$100,000 value), point of origin, location where insured accepts responsibility (FOB)

*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

*Location Information*

- a) Distance to nearest Fire Department \_\_\_\_\_
- b) Name of city or town providing protection \_\_\_\_\_
- c) Hydrants (operational): Number within 1000 ft \_\_\_\_\_
- d) Describe private fire protection \_\_\_\_\_
- e) Will the project be sprinklered?  Yes  No

*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  Modified  
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) Detail any special features such as stained glass, glass curtain walls, artwork to be incorporated or included \_\_\_\_\_

*Flood Exposures*

- 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 \_\_\_\_\_

*Site Risks*

Detail exposures from

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

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

- a) Contracted completion date \_\_\_\_\_ (when claim would start)  
Anticipated completion date \_\_\_\_\_
- b) Anticipated replacement times for key items if reorder necessitated (i.e. boilers, turbines, generators, etc.)

Item	Delivery Period	Supplier Location

Provide details of LOSS CONTROL PROGRAM to be implemented to protect insured property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLAIMS EXPERIENCE**

Details of any Builders Risk or Installation Floater claim(s) (exceeding \$10,000 per loss) incurred by any of the following during the past five (5) years — owner, general contractor, project/construction manager (indicate date, amount, and nature of claim(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BROKER DECLARATION**

**Each and every question must be answered by the Broker and/or Account Executive.**

Is this account NEW to your office?  Yes  No      Is the operation financially sound?  Yes  No

If no, how long have you known the applicant? \_\_\_\_\_      Did you receive the order direct from the applicant?  Yes  No

Do you handle other insurance for the applicant?  Yes  No      Do you recommend this applicant in every respect?  Yes  No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/We have not suppressed or mis-stated any material fact(s) and I/We agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer/Account Executive

\_\_\_\_\_  
Print Name of Brokerage

\_\_\_\_\_  
Print Name of Producer/Account Executive

\_\_\_\_\_  
Print Address of Brokerage

**APPLICANT'S SIGNATURE  
PLEASE REVIEW CAREFULLY**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all the information is true and correct, even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the risk to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge the risk to be undertaken, the contract may be void in whole or as to any property or liability in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position Held in Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date