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CONSTRUCTION INSURANCE

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.

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 HARD COSTS, SOFT COSTS, for the EXISTING STRUCTURES as required for coverage
b) SITE PLAN indicating distance, construction and occupancy of exposures;
c) SCHEDULE OF CONSTRUCTION or GANTT SCHEDULE
d) Most current GEOTECHNICAL REPORT and any other applicable ENGINEERING REPORTS

GENERAL INFORMATION

- 1. Name of Applicant
2. Mailing Address
3. Name of Project
4. Project Location
5. Description of Project
6. Project Participants (Names) Owner
Project/Construction Manager
General Contractor & Postal Address
Prime Architectural/Engineering Consultant
Geotechnical Engineer
Mortgagee & Address
7. Construction Period From To
Policy Term (if different from above) From To
8. Is this a fast-track project? If so, detail experience with similar projects
9. General Contractor: Do they have a current CGL policy? If yes, provide carrier, effective and expiry date of current policy:
10. Is there management of the certificates of insurance for subtrades in place? Explain:



11. 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 \_\_\_\_\_

Will Exterior Insulation and Finish Systems (EIFS) products be used in the project?  Yes  No

Will Insulated Concrete Forms (ICF) be used above soil level?  Yes  No

12. Adjacent Structures (attach site plan if available)

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

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

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

\_\_\_\_\_

b. Will any phased handover or mid-term occupancy be required? If yes, when is occupancy expected to begin?  Yes  No

\_\_\_\_\_

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

\_\_\_\_\_

d. Is coverage required for damage to existing structure?  Yes  No

13. Security

Cameras  Yes  No Centrally/Remotely Monitored  Yes  No

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

Watchman Service  Yes  No Hours/Rounds \_\_\_\_\_

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

14. Neighbourhood (Describe)

Distance to nearest Fire Department \_\_\_\_\_

Name of city or town providing protection \_\_\_\_\_

Hydrants (operational): Number within 1000 ft \_\_\_\_\_

Describe private fire protection \_\_\_\_\_

Will the project be sprinklered?  Yes  No



15. Subsurface Operations

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

Blasting \_\_\_\_\_

Shoring \_\_\_\_\_

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

Underpinning \_\_\_\_\_

Demolition \_\_\_\_\_

Demolition Duration \_\_\_\_\_ Demolition Costs \_\_\_\_\_

Contractor Performing Demolition \_\_\_\_\_

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

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

16. Geotechnical Report

Has a geotechnical report been completed?  Yes  No

If not, please advise reasons \_\_\_\_\_

Will the project be constructed in compliance with geotechnical recommendations?  Yes  No  With modifications

If modifications, describe in detail \_\_\_\_\_

If copy of geotechnical report summary and recommendations is not available, describe soil conditions \_\_\_\_\_

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

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

18. Does the project have Hot Works Operations? What protocols are in place?  Yes  No

\_\_\_\_\_

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

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

20. Claims Experience:

Detail any Commercial General Liability, Wrap Up Liability, Builders Risk or Installation Floater losses incurred by the owner, general contractor, and project/construction manager which resulted from construction operations in the past five (5) years (indicate date, amount, nature of loss):

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

21. 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**

- 1. Total estimate 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	\$ _____

**BUILDERS RISK**

- 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 expenses, leasing and marketing expenses, legal and accounting expenses, other carrying costs)
  - Deductible requested \$ \_\_\_\_\_
- 2. 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 \_\_\_\_\_
- 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. List offsite locations and maximum value at each \_\_\_\_\_
- 5. *Transits.* List key items (individual items over \$100,000 value), point of origin, location where insured accepts responsibility (FOB) \_\_\_\_\_
- 6. *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
- 7. *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 \_\_\_\_\_
- 8. *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) \_\_\_\_\_
  - c. Is there a program to manage construction waste on site? \_\_\_\_\_



**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 Do you handle other insurance for the Applicant?  Yes  No

If no, how long have you known the applicant? \_\_\_\_\_ 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 facts 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 BROKER/PRODUCER

\_\_\_\_\_  
PRINT ADDRESS OF BROKERAGE

**APPLICANT'S SIGNATURE**

**PLEASE REVIEW CAREFULLY**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

\_\_\_\_\_  
Date

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