Course of Construction Application

When available, please provide:

1. BREAKDOWN OF VALUES for the various structures and types of work;
2. SITE PLAN indicating distance, construction and occupancy of exposures;
3. SCHEDULE OF CONSTRUCTION;
4. SUMMARY and RECOMMENDATIONS from the GEOTECHNICAL REPORT;
5. SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.

# General Information

|  |  |
| --- | --- |
| Name of Applicant |  |
|  |  |  |  |
| Address of Applicant |  |
|  |  |  |  |
| Name of Project |  |
|  |  |  |  |
| Location of Project |  |
|  |  |  |  |
| Description of Project |  |

**Project Participants:**

|  |  |
| --- | --- |
| **Title / Function** | **Name** |
| Owner |  |
| Project / Construction Manager |  |
| General Contractor |  |
| Prime Architectural / Engineering Consultant |  |
| Geotechnical Engineer |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Construction Period From: |  | To: |  |
|  |  |  |  |
| Policy Term (if different than above). From: |  | To: |  |

|  |  |
| --- | --- |
| What is the bid date for this project? |  |
|  |  |
| By what date do you require a quote? |  |

**Project Data**

|  |  |  |
| --- | --- | --- |
| **Height of structure** | **Storeys** | **Feet or Metres** |
| Below Grade |  |  |
| Above Grade |  |  |
|  |  |  |
| Total Area (indicate Sq Feet or Sq Metres) |  |
|  |  |
| If long-span building (i.e. warehouse or stadium) indicate max. unsupported span length  |  |
|  | *(Indicate Feet or Metres)* |

**Construction Materials**

|  |  |
| --- | --- |
| Framework: |  |
|  |  |
| Exterior Walls |  |
|  |  |
| Is an Exterior Insulation and Finish System (EFIS) used? | [ ]  Yes [ ]  No |
|  |  |
| If yes, does EIFS included expanded polystyrene insulation (EPS) or combustible material? | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Item** | **Structure** | **Covering** |
| Roof |  |  |
| Floors |  |  |

**Adjacent Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Direction** | **Type of Construction** | **Occupancy** | **Distance** |
| North |  |  |  |
| East |  |  |  |
| South |  |  |  |
| West |  |  |  |

**Neighbourhood**

|  |  |
| --- | --- |
| Describe neighbourhood: |  |

**Security:**

|  |  |  |  |
| --- | --- | --- | --- |
| Is site fenced? | [ ]  Yes [ ]  No | Height / Type: |  |
|  |  |  |  |
| Watchman service? | [ ]  Yes [ ]  No | Hrs./Rounds: |  |
|  |  |  |  |
| Alarm? | [ ]  Intrusion [ ]  Fire/Smoke | Alarm sounds to: |  |
|  |  |  |  |
| Video surveillance? | [ ]  Yes [ ]  No | Type: |  |

|  |  |
| --- | --- |
| Written loss prevention procedures for prevention of water damage loss? | [ ]  Yes [ ]  No |

**Subsurface Operations**

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

|  |  |
| --- | --- |
| Blasting |  |
|  |  |
| Shoring |  |
|  |  |
| Piling Work: |  |
|  |  |
|  | [ ]  Driven piles [ ]  Drilled or augured piles |
|  |  |
| Underpinning |  |

|  |  |
| --- | --- |
| Are there any demolition operations? | [ ]  Yes [ ]  No |
|  |  |
| If yes: Anticipated value? |  |
|  |  |
| Description of demolition operations: |  |

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

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is this a fast track project? | [ ]  Yes [ ]  No |
|  |  |
| If yes: Detail experience with similar projects |  |

**Geotechnical Data and Construction Data**

|  |  |
| --- | --- |
| Has a geotechnical report been completed? | [ ]  Yes [ ]  No |
|  |  |
| If not, advise reasons: |  |
|  |  |
| Will the project be construction in compliance with geotechnical recommendations | [ ]  Yes [ ]  No |
|  | [ ]  Modifications |

If modifications, please describe in details:

|  |
| --- |
|  |

If a copy of the geotechnical report summary and recommendations is not available, please describe soil conditions:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Are wood forms to be used? | [ ]  Yes [ ]  No |

Please describe any unusual or experimental features in construction or design:

|  |
| --- |
|  |

Please describe any special features (i.e. stained glass, glass curtain walls, artwork) to be incorporated or included:

|  |
| --- |
|  |

**Project History**

Please list the Project Manager’s/General Contractor’s five largest projects in the past five years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Type** | **Location** | **Value ($100,000’s)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Wrap-up Liability

(Complete only if this coverage is required.)

|  |  |
| --- | --- |
| Total Estimated Project Value? (Attach breakdown if available.) | $ |

|  |  |  |
| --- | --- | --- |
| Completed operations period: | [ ]  Yes [ ]  No [ ]  Other:  |  |

|  |  |
| --- | --- |
| 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:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Please detail exposures to utilities, including relocation thereof (both below and above grade):

|  |
| --- |
|  |

Please describe any offsite operations or locations which require insurance.

|  |
| --- |
|  |

Please provide details of the 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.):

|  |
| --- |
|  |

**Claims Experience:**

Please detail any liability claims (exceeding $10,000 per accident) incurred by any of the following which resulted from construction operations in the past three years: Owner, General Contractor Project/Construction Manager. Please indicate the date, amount and nature of claim.

|  |
| --- |
|  |

Builder’s Risk

(Complete only if this coverage is required.)

|  |  |
| --- | --- |
| 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, leasing, marketing, legal, accounting, misc.) | $ |

|  |  |  |
| --- | --- | --- |
| Financial costs | $ | Note: Architectural and engineering fees are not Soft Costs but Hard Costs for the purpose of this coverage. |
| Additional interest expenses | $ |
| Leasing and marketing expenses | $ |
| Legal and accounting expenses | $ |
| Miscellaneous carrying costs | $ |

**Other property to be insured:**

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

If coverage is required for either (a), (b) or (c) above, please detail age, construction, condition and occupancy of such property:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is BUSINESS INTERRUPTION COVERAGE (DELAYED START-UP) required? | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, please detail the type of income: |  | For $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total limit being: | $ | Per month for |  | Month(s) indemnity period |

**Coverage**

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limits** | **Deductibles** |
| Value of Project | $ | $ |
| Other property to be insured | $ | $ |
| **Sub limits** | **Limits** | **Deductibles** |
| Soft Costs (other than above) | $ | $ |
| Delayed start-up (other than above) | $ | $ |
| Offsite | $ | $ |
| Transit | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Testing (electrical/mechanical breakdown during commissioning) |  | Weeks | $ |

Please list the 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 (F.O.B.):

|  |
| --- |
|  |

**Testing**

Who will perform testing operations?

|  |
| --- |
|  |

Please describe the operations involved in testing and commissioning:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Will the project involve the installation of any used equipment? | [ ]  Yes [ ]  No |

**Fire Protection**

|  |  |
| --- | --- |
| Distance to the nearest Fire Department |  |
|  |  |
| Name of City or Town providing protection |  |
|  |  |
| Hydrants (operational) Number within 1,000 feet: |  |
|  |  |
| Describe fire protection |  |

|  |  |
| --- | --- |
| Will the project involve the installation of any used equipment? | [ ]  Yes [ ]  No |
|  |  |
| If yes, at which time will the sprinkler system be in operation? |  |

**Food Exposure**

|  |  |  |  |
| --- | --- | --- | --- |
| Nearest body of water (Name) |  | Distance Away: |  |
|  |  |
| Past flood history at site |  |
|  |  |
| Height of project above maximum flood stage? |  |

Please describe the exposure during and after excavation from surface water and ground water:

|  |
| --- |
|  |

Please describe the precautions to be taken to prevent damage from flood:

|  |
| --- |
|  |

What is being done to prevent run-off damage?

|  |
| --- |
|  |

**Site Risks**

Please detail exposures from:

Winter heating conditions (type of heaters):

|  |
| --- |
|  |

Explosion (please detail the use of any highly flammable or explosive materials to be present on site):

|  |
| --- |
|  |

If SOFT COSTS/DELAYED START-UP COVERAGE is required, please detail:

|  |  |  |  |
| --- | --- | --- | --- |
| Contracted completion date: |  | Anticipated completion date: |  |

Anticipated replacement times for key items if reorder necessitated (i.e., boilers, turbines, generators etc.):

|  |  |  |
| --- | --- | --- |
| **Item** | **Delivery Period** | **Supplier Location** |
|  |  |  |
|  |  |  |
|  |  |  |

Please provide details of the LOSS CONTROL PROGRAM to be implemented to protect insured property:

|  |
| --- |
|  |

Please detail any Builders Risk or Installation Floater claims (exceeding $10,000 per loss) incurred by any of the following during the past three years: Owner, General Contractor, Project/Construction Manager. Please indicate the date, amount and nature of claim.

|  |
| --- |
|  |

**Declaration 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 |