**DETAILED INFORMATION AND SUBMISSION OF ALL DOCUMENTS & PLANS INCREASES OUR EFFICIENCY. WHEN AVAILABLE, PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:**

* **BREAKDOWN OF VALUES FOR THE VARIOUS STRUCTURES AND TYPES OF WORK**
* **SITE PLAN INDICATING DISTANCE, CONSTRUCTION & OCCUPANCY OF EXPOSURES**
* **SCHEDULE OF CONSTRUCTION**
* **SUMMARY & RECOMMENDATIONS FROM THE GEOTECHNICAL REPORT**
* **SCHEDULE INDICATING BUILD-UP OF CONSTRUCTION VALUES**

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Brokerage Name and Location: |       |
| Broker/Producer Name: |       |
| Named of Applicant: |       |
| Named Insured to appear on Policy Declaration: |       |
| Address of Applicant: |       |
| Phone Number: |       |
| Email Address: |       |
| Website: |       |

1. Name of Project:
2. Description of Project:
3. Names of Project Participants::

Owner:       General Contractor:

Project/Construction Manager:       Geotechnical Engineer:

Prime Architectural/Engineering Consultant:       Other:

1. If Applicant is not the General Contractor, advise General Contractor’s Years of Experience:
2. Do ALL hired subcontractors maintain a minimum $2,000,000 of their own CGL insurance? [ ]  Yes [ ]  No

If no, please explain:

1. List Construction/Project Manager/General Contractor’s five (5) largest projects in the past five (5) years:

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT NAME | TYPE OF PROJECT (BUILDING, CIVIL WORKS, INSTALLATION, OTHER) | LOCATION | PROJECT COST |
|  |       |       | $      |
|  |       |       | $      |
|  |  |  | $      |
|  |  |  | $      |
|  |  |  | $      |

1. Is this a fast track project? [ ]  Yes [ ]  No

If yes, provide detailed experience with similar projects:

1. Five (5) Year Claim History (any & all liability claims by any of the following which resulted from construction operations – **Owner, General Contractor, and/or Project/Construction Manager)***(If you require more space than provided, please attached a separate sheet listing all other claims)*

|  |  |  |  |
| --- | --- | --- | --- |
| DATE (M.D.Y) | OPEN OR CLOSED | DETAILS | PAID/RESERVED |
|  |       |       | $      |
|  |       |       | $      |
|  |  |  | $      |

**PROJECT DETAILS**

1. Legal Risk or Civic Address of Project:

City:       Postal Code:

1. Construction Period: From (M.D.Y):       To (M.D.Y):

Policy Term (if different from above): From (M.D.Y):       To (M.D.Y):

1. Project Value **\*ATTACH BREAKDOWN IF AVAILABLE**

Total Estimated Project Value $      Total Estimate Hard Costs $

Total Estimated Soft Costs $      Total estimated Cost for Existing Structures (if required) $

1. Type of Project – Please advise:

[ ]  New Construction [ ]  Addition or Renovation

|  |
| --- |
| BUILDING |
| Residential If yes, advise: | [ ]  Yes [ ]  No | Institutional If yes, advise: | [ ]  Yes [ ]  No |
| Family  | [ ]  Yes [ ]  No | Hospital | [ ]  Yes [ ]  No |
| Townhouse | [ ]  Yes [ ]  No | Nursing Home or similar specialty environment | [ ]  Yes [ ]  No |
| Apartment | [ ]  Yes [ ]  No | Other, please indicate |  |
| Commercial / Industrial | [ ]  Yes [ ]  No | Unique or Unconventional  | [ ]  Yes [ ]  No |
| Other (not indicated). Provide full details: |       |
| CIVIL WORK |
| Highway, Street, Road, Subway or Tunnel | [ ]  Yes [ ]  No | Gas Main | [ ]  Yes [ ]  No |
| Electric Light, Telephone, Power Lines, Communication Towers | [ ]  Yes [ ]  No | Pipeline | [ ]  Yes [ ]  No |
| Sewer, Steam Main, Water Main | [ ]  Yes [ ]  No | Railroad | [ ]  Yes [ ]  No |
| Caisson, Coffer Dam, Dam, Reservoir, Hydro-Electric | [ ]  Yes [ ]  No | Pier, Dock, Jetty, Levee |  |
| Bridge If yes, advise: | [ ]  Yes [ ]  No | Other (not indicated). Provide full details :      |
| Is this overpass or underpass repair operations?  | [ ]  Yes [ ]  No |
| Indicate bridge span:  |  Feet |
| Indicate number of spans: |  |
| INSTALLATION |
| Boiler or Plumbing | [ ]  Yes [ ]  No | Air Conditioning including Heat Pumps - Industrial | [ ]  Yes [ ]  No |
| Sprinklers (Automatic)? | [ ]  Yes [ ]  No | Electrical Apparatus – Heavy Industrial & Commercial | [ ]  Yes [ ]  No |
| Tank [ ]  Underground [ ]  Aboveground | [ ]  Yes [ ]  No | Machinery, Industrial (Millwright) | [ ]  Yes [ ]  No |
| Electrical Wiring Including Fixtures and Appliances | [ ]  Yes [ ]  No | Heating Equipment/Air Conditioning – Oil or Gas | [ ]  Yes [ ]  No |
| Other (not indicated). Provide full details: |       |

1. Additional Exposures

*If any of the below operations are performed in the Project, please provide their costs ($) or percentage (%) split in respect to the total project/construction cost*

|  |  |  |
| --- | --- | --- |
| SPECIFIC OPERATION | COST WITH RESPECT TO TOTAL CONSTRUCTION COST | % OF TOTAL CONSTRUCTION COST |
| HOT WORKS / FIRE RELATED |
| Is work done while facility is operational? | [ ]  Yes [ ]  No |  |
| Fireproofing, structures | $ | % |
| Roofing – Hot tar, Torch On, Membrane, etc | $ | % |
| Welding, Brazing or Cutting | $ | % |
| Solar Energy Contractors | $ | % |
| UNDERGROUND / SUBSURFACE |
| Dredging | $ |  % |
| Drilling (not oil or gas) – Other | $ | % |
| Excavation excluding tunnel & subway work [ ]  Commercial [ ]  ResidentialIndicate No. of Storeys:  | $ | % |
| Pile Driving, Shoring, Shaft Sinking or Underpinning | $ | % |
| Tank (Underground) Remediation | $ | % |
| DEMOLITION, BLASTING, CRANES |
| Demolition / Blasting – Provide details: | $ | % |
| Remediation of mould, fungus or asbestos**\*\*The Wrap Up policy does NOT cover any remediation of Mould, Fungus or Asbestos. Please ensure separate appropriate insurance is placed for this type of remediation work** | $ | % |
| Remediation of lead, radon, Urea-formaldehyde (UFFI) | $ | % |
| Wrecking or Demolition[ ]  Marine Wrecking/Demolition [ ]  Other  | $ | % |
| Cranes, Derricks, Power Shovels  [ ]  With Operator [ ]  Without Operators | $ | % |

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

1. Detail exposures to utilities, including relocation thereof (both below and above grade):

1. Please complete the following

|  |
| --- |
| CONSTRUCTION INFORMATION |
| Height of StructureBelow Grade | No. of Storey’s  Feet Metres  |
| Above Grade | No. of Storey’s  Feet  Metres  |
| Total Area  | Feet  Metres  |
| Construction Materials |  |
| Framework |  |
| Exterior Walls |  |
| If Exterior Insulation & Finish Systems (EIFS) are used, please advise if the EIFS assembly include polystyrene insulation or other combustible material | [ ]  Yes [ ]  No |
| Roof Structure |  | Roof Covering |  |
| Floor Structure |  | Floor Covering |  |
| Other |  |
| GEOTECHNICAL DETAILS **\*ATTACH TO APPLICATION IF REPORT COMPLETED** |
| Has a Geotechnical Report been completed? [ ]  Yes [ ]  No If no, please advise reason: |
| Will the project be constructed in compliance with geotechnical recommendations? [ ]  Yes [ ]  No [ ]  With ModificationsIf modifications, please describe in detail?  |
| If a copy of the geotechnical report summary and recommendations is not available, please describe soil conditions: |
| Type of Foundation for each Structure |  | Are Wood Forms being used? | [ ]  Yes [ ]  No |
| Please describe an unusual or experimental features in construction or design: |
| Please describe any special features such as stained glass, glass curtain walls, artwork, etc to be incorporated or included: |
| EXPOSURES TO PROJECT SITE **\*ATTACH SITE PLAN IF AVAILABLE** |
|  | Type of Construction | Occupancy | Distance |
| North  |  |  |  |
| East |  |  |  |
| South |  |  |  |
| West |  |  |  |
| Does project attach to or communicate with an existing structure?If yes, please: | [ ]  Yes [ ]  No |
| Describe manner in which structure will connect or communicate |  |
| Advise occupancy of existing structure during construction |  |
| Advise if coverage is required for damage to existing structureIf yes, advise Existing Structure Limit | [ ]  Yes [ ]  No$ |
| If any portion of the project will be occupied prior to completion, provide full details, including period, extent and nature of occupancy |  |
| FIRE, SECURITY & PROTECTION DETAILS |
| [ ]  Protected FUS 1-4 | [ ]  Semi Protected FUS 5-7 | [ ]  UnProtected FUS 8-10 |  |
| Intrusion Alarm  | [ ]  Yes [ ]  No | Alarm Sounds to: |  |
| Fire /Smoke Alarm  | [ ]  Yes [ ]  No | Alarm Sounds to: |  |
| Video Surveillance | [ ]  Yes [ ]  No | Type:  |  |
| Is site fenced? | [ ]  Yes [ ]  No | Type and Height of Fence (Feet) |  |
| Watchman Service? | [ ]  Yes [ ]  No | Hours and Rounds |  |
| Do you have written loss prevention procedures for the prevention of water damage losses?  | [ ]  Yes [ ]  No |
| Provide details of Loss Control Program to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring, preconstruction location of utilities, notification to others of interruption, etc): |

**COVERAGE REQUIRED**

1. Detail any offsite operations or locations which require insurance:
2. Completed Operations Period required: [ ]  12 months [ ]  24 Months [ ]  Other

|  |  |  |
| --- | --- | --- |
| COVERAGE | DEDUCTIBLE | LIMIT |
| Wrap Up Liability | **$** | **$** |
| Premises and Operations | **$** | **$** |
| Products and Completed Operations | **$** | **$** |
| Personal Advertising Injury | **$** | **$** |
| Tenant’s Property Damage Liability | **$** | **$** |
| Voluntary Medical Payments | **$** | **$** |
| Limited Pollution Liability (120 hour) | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

|  |  |  |
| --- | --- | --- |
| ­­­Broker Signature:  | Date Signed: | Title: |
|  |       |       |
| Applicant Signature: | Date Signed:  | Title: |
|  |       |       |