

i3 CONSTRUCTION PROJECT APPLICATION

GENERAL INFORMATION

Name of Applicant(s) (include all subsidiaries): _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Website: _____

COMPANY DETAILS

1. Date Company was Established (MM/YY): _____

2. Company Structure: Sole Proprietor Corporation Partnership Joint Venture Other

PROJECT INFORMATION

3. Name of Project: _____

4. Address/Location of Project: _____

5. Description of Project: _____

6. Construction Period: From: _____ To: _____

7. Policy Term (if different from above): From: _____ To: _____

PROJECT PARTICIPANTS

8. Owner's Name: _____

9. Project / Construction Manager: _____

10. General Contractor: _____

11. Prime Architectural / Engineering Consultant: _____

12. Geotechnical Engineer: _____

13. Please list the Project Manager's/ General Contractor's 5 largest projects in the past 5 years:

NAME	TYPE	LOCATION	VALUE
			\$
			\$
			\$
			\$
			\$

PHYSICAL DETAILS

14. Buildings (if more than one, please provide a site plan):

HEIGHT	STOREYS	ABOVE GRADE	BELOW GRADE	TOTAL SQ FT	VALUE	DISTANCE TO OTHER STRUCTURES
					\$	

15. Construction Materials:

a. Framework: _____ b. Exterior Walls: _____

c. Roof: i. Structure: _____ d. Floors: i. Structure: _____

ii. Covering: _____ ii. Covering: _____

iii. Any hot tar roofing? Yes No

vi. Any Torch-On Application? Yes No

SURROUNDINGS

16. Adjacent Structures (attach site plan if available):

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE
NORTH			
EAST			
SOUTH			
WEST			

17. Details of Neighbourhood: _____

18. Flood Information:

a. Nearest body of water: _____ Distance: _____

b. Past flood history at site: _____

c. Height of project above maximum flood stage: _____

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

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

f. What is being done to prevent run-off damage? _____

19. Site Risks (please detail the exposures):

a. Winter heating conditions (types of heaters): _____

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

20: Existing Structures:

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

b. Manners in which structures will connect or communicate? _____

c. Occupancy of existing structure during construction? _____

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

PROTECTIONS

21. Please provide details on security of project:

a. Is the site fenced? Yes No Height / Type: _____

b. Watchman services? Yes No Hours / Rounds: _____

c. Alarm? Intrusion: Fire / Smoke: Alarm sounds to: _____

d. Video surveillance? Yes No Type: _____ Monitoring Company: _____

e. Site lighting? Yes No

22. Please provide details on the fire protection:

a. Distance to nearest Fire Department: _____ Volunteer or Paid? _____

b. Name of City or Town providing protection: _____

c. Hydrants (operational): _____ Number within 1,000 feet: _____

d. Please describe private fire protection: _____

e. Will the project be Sprinklered? Yes No

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

23. Do you have any written loss prevention procedures for the prevention of water damage losses? _____

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

ADDITIONAL OPERATIONS

25. Subsurface Operations (describe the nature, duration, value and relationship to both the project and to adjacent structures):

a. Blasting: _____

b. Shoring: _____

c. Pile Driving (driven piles or drilled or augered piles): _____

d. Underpinning: _____

26. Are there any demolition operations? Yes No

a. Anticipated Value: _____

b. Description of demolition operations: _____

27. If any portion of the project will be occupied prior to completion, please provide details (period, extent, nature of, etc.):

28. Is this a fast track project? Yes No

a. If yes, please detail experience with similar projects: _____

TESTING

29. Who will perform the testing operations? _____

30. Please describe the operations involved in testing and commissioning: _____

31. Will the project involve the installation of any used equipment? Yes No

GEOTECHNICAL

32. Has a geotechnical report been completed? Yes No

If no, please advise why? _____

33. Will the project be constructed in compliance with geotechnical recommendations? Yes No With Modifications

a. If modifications, please describe in detail: _____

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

35. Type of foundation for each structure: _____

36. Are wood forms being used? Yes No

37. Please describe any unusual or experimental features in construction or design: _____

LOSS PREVENTION

38. Please provide details of the Loss Control Program to be implemented to protect others from operations:

LIMITS AND VALUES

39. Total Estimated Project Value (attach breakdown if available): \$ _____

40. Total Hard Costs: \$ _____

41. Total Soft Costs: \$ _____

42. Delayed Start-Up Costs: \$ _____ Limit per month: \$ _____ Indemnity Period: _____

43. Offsite Coverage: \$ _____

44. Transit Coverage: \$ _____

45. Extra Expense / Expediting Expenses: \$ _____

46. Requested Limits:

WRAP UP LIABILITY LIMIT	DEDUCTIBLE OPTIONS	COMPLETED OPERATIONS (MONTHS)
\$	\$	
\$	\$	
\$	\$	

47. Please provide limits for other property to be insured:

- a. Existing building: \$ _____
- b. Temporary buildings, scaffolding, falsework, forms or hoardings: \$ _____
- c. Job site field offices (excluding contents): \$ _____
- d. If coverage is required for either a., b., or c. above, please provide details on age, construction, condition and occupancy:

48. Please list the offsite locations and maximum value at each: _____

49. If Transit coverage is required please provide details on the following:

- a. Key items over \$100,000 value: _____
- b. Point of origin: _____
- c. Location where insured accepts responsibility (F.O.B.): _____

CLAIMS

Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is ‘Yes’, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

Additional Notes:

DECLARATION

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Applicant's Signature: _____

Print Name: _____ Date: _____