

SECTION 3: UNDERWRITING INFORMATION

1. What is the start date of construction?
2. What is the end date of construction?
3. Periods of Partial Occupancy
4. What portion of construction is completed? If already started, pictures must be provided:
5. Percentage of Work Subcontracted? _____%
6. Coverage required for sub-contractors? Yes No
If "Yes", attach a list of sub-contractors, stating their number of years experienced and five years claims history.
If "No", are Certificates of Insurance obtained? Yes No
What is the minimum limit of liability requested? \$ _____
7. Nature of Ground: Flat Hillside Swampy Other _____
8. Nature of Soil: Shale Sand Rock Filled Ground Other _____
9. Has a geo-technical report been completed? Yes No
10. Public Fire Protection: Protected - means "project site" within 3 miles of a responding fire hall and within 500 feet of a working public fire hydrant.
 Semi-protected- means "project site" is within 5 miles of the fire hall
 Unprotected- means "project site" which do not conform to the above "Protected"
11. Describe, in detail, any testing that will be performed and by whom:
12. Height of Structure: _____ Below Grade number of storeys _____ feet or meters
_____ Above Grade number of storeys _____ feet or meters
13. Total Area (indicate sq. feet or sq. meters): _____
14. Type of Foundation: _____
15. Construction Materials:
 - a) Exterior Walls _____
 - b) Framework _____
 - c) Floors Structure and Covering _____
 - d) Roof Structure and Surfacing _____
16. Any unusual or experimental features in construction or design? (Attach information)
17. Subsurface Operations: Describe nature, duration, value, and relationship to both the project and to adjacent structures:
 - a) Blasting _____
 - b) Shoring _____
 - c) Pile Driving _____

d) Underpinning _____

e) Dewatering (e.g. number of pumps) _____

18. Forms and Forms Supports: Wood forms/supports Period of Usage: _____
 Steel forms/supports Period of Usage: _____

19. Temporary Heating Type:

20. Type of Insulation:

21. Demolition Details:

22. Will the following be used? Tarpaulins Plastic Weather Enclosures
 Straw Wood Boarding
 Scaffolding Cranes

23. Asbestos, lead or urea formaldehyde foam abatement? Yes No
If "Yes", please describe:

24. Hazards/Exposure

a) Flood/Surface Water

- o Name of nearest body of water?
- o Distance from construction site? _____
- o Past flood history at site? Yes No
- o Height of project above nearest body of water? _____
- o What is being done to prevent run-off damage?

b) Describe precautions, if any, taken to prevent windstorm, ice and/or sleet damage to project:

c) Transit (Provide details of exposure – point of origin of key items)

d) Adjacent Structures (Type of construction, occupancy, and distance)

e) Connecting/Surrounding exposures: Shafts, tunnels, or walkways Bush
 Existing Structure

25. Special Precautions

a) Security: Site fenced Patrol Service Night Surveillance
 Lighting Other (describe):

(Attached a copy of the contract for Patrol and Video Surveillance services)

b) Is entry to site possible only with an authorized person? Yes No
If "No", please explain

c) Fire: (Describe private protection during construction)

Standpipe and Hose system Portable fire extinguisher
 Sprinkler System Hot Work Permit System Hydrants

d) Flood: Sand Bags Skids or Pallets (4") Pumps

e) Explosion: (Detail use of any flammable liquids, gases, or explosives materials to be present on site)

f) Is there a "daily clean up" program? Yes No
g) Is refuse burned on site? Yes No

SECTION 4: LIMITS REQUIRED

26. Estimated Completed Contract Price: \$ _____

27. Other Property to be Insured: \$ _____

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

28. Sub Limits: Transit \$ _____
 Offsite \$ _____

29. Delayed Start Up: Type of Income
 Limit \$ _____

30. If Soft Costs/Delayed Start-up coverage is required, please detail:

- a) Scheduled Completion Date:
- b) Anticipated Replacement Times for Key Items:

31. Scope of Coverage Desired

Coverage	Coverage Required	Limits Required	Deductible
Builders Risk – Value of finished building	<input type="checkbox"/> Broad Form <input type="checkbox"/> Comprehensive Form		\$2,500
Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Testing of Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Offsite	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Delayed Start Up	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No	value of finished building	\$10,000
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	value of finished building	\$50,000/5%
Soft Costs (refers to expenses required to complete a construction project that has been delayed due to unexpected physical damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	maximum amount available \$30,000	\$2,500
Commercial General Liability		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	\$1,000
Other:			
Other:			

32. General Contractor's Experience

- a) Number of years in business:
- b) Bonded? Yes No
- c) List of similar projects in the past five years:

SECTION 5: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

SECTION 6: DECLARATION

Certificates of Insurance are required for all independent contracts in order for coverage to remain in effect.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding my personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree on their behalf.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	