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Application

Construction Insurance

Wrap-Up Liability

Builders Risk

Please complete GENERAL INFORMATION section for ALL PROJECTS and specific sections 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 VALUES for the various structures and types of work;
- (b) SITE PLAN indicating distance, construction and occupancy of exposures;
- (c) SCHEDULE OF CONSTRUCTION;
- (d) SUMMARY and RECOMMENDATIONS from the GEOTECHNICAL REPORT;
- (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.

GENERAL INFORMATION

1. Name of Applicant: _____

2. Address of Applicant: _____
_____ Postal Code: _____

3. Name of Project: _____

4. Address/Location of Project: _____

5. Description of Project: _____

6. Project Participants (Names):

Owner: _____

Project/Construction Manager: _____

General Contractor: _____

Prime Architectural/Engineering Consultant: _____

Geotechnical Engineer: _____

7. Construction Period: From: _____ To: _____

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

8. 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: _____

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

	Type of Construction	Occupancy	Distance
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

10. Security:

Is Site Fenced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Height/Type: _____
Watchman Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hrs./Rounds: _____
Alarm:	<input type="checkbox"/> Intrusion	<input type="checkbox"/> Fire/Smoke	Alarm Sounds to: _____

11. Neighbourhood (describe): _____

12. Subsurface Operations:

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

Blasting: _____

Shoring: _____

Pile Driving: _____

Underpinning: _____

13. Is this a fast track project? YES NO

If so, detail experience with similar projects: _____

14. List Project Manager's/General Contractor's five (5) largest projects in the past five (5) years:

Name	Type	Location	Value (\$100,000's)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. 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 and notification to others of interruption thereof, etc.):

12. Claims Experience:

Detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three (3) years: Owner, General Contractor Project/Construction Manager. Indicate date, amount and nature of claim.

BUILDERS RISK (Complete only if this coverage is required.)

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, leasing and marketing expenses, legal and accounting expenses, other carrying costs.)

2. 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.

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. Coverage	Limits	Deductibles
Value of Project	\$_____	\$_____
Other Property to be Insured	\$_____	\$_____
Sublimits	Limits	Deductibles
Soft Costs (other than 3. above)	\$_____	\$_____ days waiting
Delayed Start-up (see 3. above)	\$_____	\$_____ period
Offsite	\$_____	\$_____
Transit	\$_____	\$_____
Testing (electrical/mechanical breakdown during commissioning)	_____ weeks	\$_____

5. List offsite locations and maximum value at each: _____

6. Transit:

List key items (individual items over \$100,000 value) point of origin, location where insured accepts responsibility (F.O.B.): _____

7. 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

8. Location Information:

(a) Distance to nearest Fire Department: _____

(b) Name of City or Town providing protection: _____

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

(d) Describe private fire protection: _____

(e) Will the project be sprinklered? YES NO

If so, at which time will the sprinkler system be in operation? _____

9. Construction Data:

(a) Has a geotechnical report been completed? YES NO

If not, please advise reasons: _____

(b) Will the project be constructed in compliance with geotechnical recommendations?
 YES NO With Modifications

If modifications, describe in detail: _____

(c) If copy of geotechnical report summary and recommendations is not available, describe soil conditions:

(d) Type of foundation for each structure: _____

(e) Are wood forms to be used? YES NO

(f) Describe any unusual or experimental features in construction or design: _____

(g) Describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included:

10. Flood Exposure:

(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: _____

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

11. 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):

12. IF SOFT COSTS/DELAYED START-UP COVERAGE IS REQUIRED, please detail:

- (a) Contracted completion date: _____
 Anticipated completion date: _____
- (b) Anticipated replacement times for key items if reorder necessitated (i.e. boilers, turbines, generators etc.):

Item	Delivery Period	Supplier Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Provide details of LOSS CONTROL PROGRAM to be implemented to protect insured property:

14. Claims Experience:

Detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the following during the past three (3) years: (Owner, General Contractor, Project/Construction Manager); (Indicate date, amount, nature of claim):

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

Broker please complete the following:

Broker: _____

Contract: _____

Address: _____

Phone Number: (____) _____ Facsimile Number: (____) _____

- Attached: Bridge Supplement Dam Supplement
 Tunnel Supplement Utility Supplement