



TRANS CANADA INSURANCE MARKETING INC.

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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 and Address of Applicant: _____

2. Name of Project: _____
3. Address/Location of Project: _____
4. Description of Project: _____
5. Project Participants (Names): _____
Owner: _____
Project/Construction Manager: _____
General Contractor: _____
Prime Architectural/Engineering Consultant: _____
Geotechnical Engineer : _____
6. Construction Period: From : _____ To: _____
Policy Term (if different from above): From: _____ To : _____

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, 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 & 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? ρ 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) _____ wks	\$ _____	\$ _____

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? ρ 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? ρ 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 ρ NO
If not, please advise reasons: _____
- b) Will the project be constructed in compliance with geotechnical recommendations?
ρ YES ρ NO ρ With Modifications
If modifications, describe in detail: _____

- c) If copy of geotechnical report summary and recommendations is not available, describe soil conditions:
dense soil, high bearing capacity

- d) Type of foundation for each structure: _____
- e) Are wood forms to be used? ρ 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: none
- 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 PROGRAMME 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.

Date

Signature of applicant

Broker please complete the following:

Broker: _____

Contract: _____

Address: _____

Phone Number: _____

Facsimile Number: _____

- Attached:
- Bridge Supplement
 - Tunnel Supplement
 - Dam Supplement
 - Utility Supplement