

# BRITISH COLUMBIA GOVERNMENT CONSTRUCTION PROGRAM

## OWNER CONSTRUCTION INSURANCE UNDERWRITING QUESTIONNAIRE FOR PROJECTS WITH ESTIMATED CONSTRUCTION PRICE UNDER \$75 MILLION

SUBMIT THE COMPLETED QUESTIONNAIRE TO:

SPP: Protection.Program@bcsp.org

UCIPP: Protection.Program@bcucipp.org or

FAX to (250) 356-6222

<b>CONSTRUCTION PROJECT TYPE:</b>	New Construction	Modular	Addition	Renovation	Envelope Repair	Roofing Only
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<b>Owner/Name of Applicant (Named Insured):</b>	_____
<b>Mailing Address:</b>	_____
<b>Project Site Address:</b>	_____
<b>If Modular, Pre-fab Site Address:</b>	_____
<b>Project Description:</b>	_____
<b>Applicant Assigned Project Number</b>	_____
<b>Ministry Assigned Project Number (six digits) – EDUC # 15 ____ or AEST # 8 _____</b>	

<b>FULL LEGAL NAME AND ADDRESS OF THE FOLLOWING:</b>	
<b>Project Manager:</b>	_____
<b>General Contractor:</b>	_____
<b>Architect:</b>	_____
<b>Land Owner (if not Applicant):</b>	_____
<b>Other Additional Insureds (e.g., Local Government)</b>	_____
<b>Mortgagee: 1<sup>st</sup></b>	_____
<i>(include address)</i> <b>2<sup>nd</sup></b>	_____

<b>REQUIRED - ADDITIONAL INFORMATION:</b>	<b>Site Plan (new builds)</b>	<b>Attached:</b>	<b>Yes</b>	<b>No</b>
	<b>Soils Report (new construction projects)</b>	<b>Attached:</b>	<b>Yes</b>	<b>No</b>
	<b>Project Schedule (all projects)</b>	<b>Attached:</b>	<b>Yes</b>	<b>No</b>
	<b>Hard and Soft Costs Table Completed (all projects - see Page 4)</b>	<b>Attached:</b>	<b>Yes</b>	<b>No</b>
	<b>Project Summary</b>	<b>Attached:</b>	<b>Yes</b>	<b>No</b>

<b>BUDGET SUMMARY:</b>	Amount not originating from the Owner or funding Ministry:		\$	
<b>Estimated construction costs</b>	<b>Hard Costs:</b>	\$	_____	Should match worksheet on page 4
<i>(i.e., this is not the project budget, but rather the total insurable costs calculated on page 4 of the application)</i>	<b>Additional Hard Costs:</b>	\$	_____	Should match worksheet on page 4
<b>Estimated Construction Costs in this section will automatically populate once the worksheet on page 4 is completed.</b>	<b>Soft Costs:</b>	\$	_____	Should match worksheet on page 4
	<b>Total</b>	\$	_____	The total sum of Hard Costs, Additional Hards Costs and Soft Cost

<b>PROJECT DURATION:</b>	<b>Proposed Starting Date:</b> _____ <i>dd-mmm-yyyy</i>	<b>Estimated Completion Date:</b> _____ <i>dd-mmm-yyyy</i>
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<b>CONSTRUCTION INFORMATION:</b>	<b>No. of Buildings:</b> _____	<b>No. of Units/Modular Units:</b> _____	<b>No. of Storeys:</b> _____
<b>Distance between Buildings (if applicable):</b> _____	<b>Roof Construction:</b> _____		
<b>Is there any Hot Roofing or installation of Hot Membranes ?</b> Yes No			
<b>Where roofing involves hot works contractor/sub-contractor has been required to furnish proof of their own liability insurance with a minimum limit of \$2,000,000.00.</b> Yes No			
<b>Exterior Wall Construction (i.e. Wood Frame, Concrete Block, Concrete/Steel Supports):</b> _____			
<b>Foundation Construction:</b> _____		<b>Floors Construction:</b> _____	
<b>Unusual Design Features:</b> _____		<b>No. of Levels Below Grade:</b> _____	

<b>RENOVATION PROJECTS:</b>	<b>Year Structure Built:</b> _____	<b>Is this a heritage building?</b> Yes No	
<b>Roofing Work:</b> Yes No	<b>If yes to Roofing Work Describe:</b> _____		
<b>Will the existing building(s) be in the care and custody of the contractor?</b> Yes No		<b>Estimate of Roofing Work</b> _____	
<b>If yes, who is responsible for Insuring the existing building(s)?</b> _____			
<b>Will the building be occupied during renovation?</b> Yes No		<b>Explain:</b> _____	

<b>FIRE PROTECTION:</b>			
<b>Project Site:</b>	No. of operating Fire Hydrants: _____	Distance to Fire Hydrants: _____ <i>meters</i>	Distance to Fire Hall: _____ <i>Kms</i>
<b>If Modular, Pre-fab Site:</b>	No. of operating Fire Hydrants: _____	Distance to Fire Hydrants: _____ <i>meters</i>	Distance to Fire Hall: _____ <i>Kms</i>
<b>If NEW CONSTRUCTION, confirm hydrants will be pressurized prior to framing:</b> Yes No			

<b>DISTANCE FROM SURROUNDING EXPOSURES:</b>								
<b>Buildings:</b>	<b>North</b>	_____ <i>metes</i>	<b>South</b>	_____ <i>meters</i>	<b>East</b>	_____ <i>meters</i>	<b>West</b>	_____ <i>meters</i>
<b>Road:</b>	<b>North</b>	_____ <i>meter</i>	<b>South</b>	_____ <i>meters</i>	<b>East</b>	_____ <i>meters</i>	<b>West</b>	_____ <i>meters</i>

<b>TYPE OF AREA:</b>	<b>Business:</b>	<b>Downtown:</b>	<b>Industrial:</b>	<b>Residential:</b>	<b>Rural:</b>	<b>Other:</b>
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<b>WATCHMAN &amp; SITE FENCE:</b>	
<b>Describe Site Security* Details at:</b>	
Project Site: _____	
If Modular, Pre-fab Site: _____	
<b>Is Site(s) Fenced and Access Controlled?</b> Yes No	
Project Site: Yes No	
If Modular, Pre-fab Site: Yes No	
<b>Will Site(s) be Hoarded on all sides?</b> Yes No	
* Wood Frame or Modular construction project over \$10 million: Video Surveillance/Watchman Warranty Applies (see policy for details).	

<b>INTENDED OCCUPANCY / USE OF COMPLETED PROJECT?</b>	<b>If partial occupancy/use prior to completion, what portion?</b>

**OFF-SITE STORAGE\*:** Maximum value of property temporarily stored away from the Project site (and Pre-fab Site if Modular) \$ \_\_\_\_\_

\*Unless otherwise agreed to, Off-Site Storage Coverage sub-limited to \$2.5 million total per occurrence/aggregate for all storage away from Project Site and Pre-fab Site if Modular.

**TRANSIT EXPOSURE\*:** Maximum value of property in transit at any one time \$ \_\_\_\_\_

Materials being transported from outside of Canada or the USA? Yes No

If Yes, describe:  
 \_\_\_\_\_ % Land \_\_\_\_\_ % Water\* \_\_\_\_\_ % Air

\*Unless otherwise agreed, Transit Coverage limited to: Insured property anywhere within Canada & Continental USA covered while in transit within and between any place within Canada or Continental USA or in transshipment in coastal or inland waterways, subject to Sub-Limit of: \$2.5 million total per occurrence/aggregate for all property in transit at any one time.

SUB-CONTRACTORS:	With respect to the 4 largest sub-contractors please provide the following:	Estimated Price Including Materials:
Description of Work:		

**BLASTING:** Yes No Estimated Price: \_\_\_\_\_  
 Pre-Blast Survey: Yes No Seismographic Readings: Yes No

**EXCAVATION** Yes No Estimated Price: \_\_\_\_\_  
 IF YES Performed By: \_\_\_\_\_ Water table above bottom of excavation? Yes No  
 Excavated Material Types: \_\_\_\_\_ Area to be excavated: \_\_\_\_\_  
 If yes, how will it be controlled?

**ASBESTOS REMOVAL:** **IMPORTANT NOTE :** The Wrap Up General Liability policy contains an Absolute Asbestos Exclusion. No insurance is provided for any loss, claim, cost, expense arising out of or in any way relating to asbestos. Refer to policy for complete details  
 Asbestos Removal Yes No  
 Confirm contractor has been required to furnish proof of Asbestos Abatement Liability Yes No

**SHORING:** Yes No  
 IF YES Underpinning: Yes No Estimated Price: \$ \_\_\_\_\_  
 Performed By:

**PILE DRIVING:** Yes No  
 IF YES Estimated Price: \$ \_\_\_\_\_ Pre-Inspection for existing damage: Yes No  
 Performed By: Seismographic Readings: Yes No

**DEMOLITION:** Yes No  
 IF YES Estimated Price: \$ \_\_\_\_\_ Method of Demolition: \_\_\_\_\_  
 Performed By: \_\_\_\_\_  
 Type of Structure: \_\_\_\_\_ Height: \_\_\_\_\_ meters Stores which equals? \_\_\_\_\_ meters

<b>WELDING:</b>	Yes	No
<b>IF YES</b>	<b>Fire Precautions:</b>	

<b>OTHER EXPOSURES</b>	Does the project involve any of the following:				
Caisson Work:	Yes	No	Tunnelling Work:	Yes	No
Airport Work:	Yes	No	Marine Work:	Yes	No
<b>Airport Work (including helipad, landing strip, aerodrome, or any other aviation related premises)</b>					
If yes, provide description:					
Value of such work:					

<b>PRECAUTIONS TAKEN:</b>	<b>To Prevent Injury to Public:</b> _____			
	<b>Underground:</b>	<i>metres</i>	<b>Overhead Lines:</b>	<i>metres</i>

<b>IS PROJECT:</b>	<b>Attached to any existing structure?</b>	Yes	No
	<b>Within any existing complex, plant, etc.?</b>	Yes	No

<b>WHAT "OFF-SITE" WORKS INVOLVED?</b>	Describe any works involving transmission lines, pipelines, access roads, railways, dams, bridges, tunnels, etc.
<b>Description:</b>	

<b>RELOCATION OF EXISTING SERVICES (if applicable):</b>	Details of relocation of existing services(e.g. roads, railways, utilities, etc.):
<b>Performed By:</b>	

<b>VOLUNTEERS</b>	<b>Liability Coverage required?</b>	Yes	No	<b>No. of volunteers</b> _____
<b>IMPORTANT: Liability coverage is not automatic and must be negotiated and confirmed</b>				
<b>Activities Description:</b>				

<b>HISTORY – GENERAL CONTRACTOR</b>	<b>Part A - List last 5 projects and values</b>
1	
2	
3	
4	
5	

<b>Part B – As respects the Constructor, provide details of all losses paid or now reserved in amounts greater than \$5,000 as respects accidents during the past 5 years whether insured under a Wrap-Up Liability Policy or a Commercial General Liability Policy.</b>		
Claims History Attached	Yes	No

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(Signature) (Title) (Date Signed)

Contact Name, Phone Number and Email:

**Please answer all questions as missed questions will result in a delay in pricing. Thank you.**

# Project Cost Worksheet

<b>REOCCURRING SOFT COSTS</b>	<b>AMOUNT</b>
Soft costs are considered to be reoccurring or continuing or additional costs incurred as result of an insured loss. Soft Costs are not adjustable at project end.	
Finance Costs / Fees	\$
Additional Interest Expenses	\$
Leasing / Marketing Expenses	\$
Legal / Accounting Expenses	\$
<b>Reoccurring Miscellaneous Expenses Including:</b>	
Property Taxes	\$
Building Permits	\$
Additional Insurance Costs	\$
Reoccurring Professional Consultants Fees	\$
Society Organization Expenses	\$
Neighbouring Land Rents	\$
Contingency	\$
<b>SOFT COSTS TOTAL</b>	<b>\$</b>

<b>HARD COSTS</b>	
Construction, Materials & Labour. These costs are adjustable at project end	
Construction	\$
Demolition	\$
Off-site Services	\$
Development Consultant / Project Manager	\$
Inspector (e.g., LEED certification, commissioning agent)	\$
Equipment Permanently Installed as part of the Project (i.e. built in kitchen appliances)	\$
Project Contingency	\$
	\$
	\$
<b>HARD COSTS TOTAL</b>	<b>\$</b>

<b>ADDITIONAL HARD COSTS</b>	
Additional property required to be insured. These costs are not adjustable at project end	
Existing Structure(s) – if required to insure	\$
Owner Supplied Property – if required to insure	\$
Emergency Response Infrastructure	\$
Lifeline Equipment	\$
Temporary Property Used (e.g., Office Trailer)	\$
Hoardings, Barricades, Ramps	\$
Scaffolding, Falsework, Forms	\$
Power & Water Supply Equipment	\$
Quantity Survey	\$
Sanitary & First Aid Equipment	\$
Fire Protection Equipment	\$
Signage	\$
Other – Describe:	\$
<b>ADDITIONAL HARD COSTS TOTAL</b>	<b>\$</b>
<b>TOTAL ESTIMATED CONSTRUCTION COSTS</b>	<b>\$</b>