

BRITISH COLUMBIA GOVERNMENT CONSTRUCTION PROGRAM

CONSTRUCTION UNDERWRITING APPLICATION FOR PROJECTS WITH ESTIMATED CONSTRUCTION PRICE UNDER \$75 MILLION

SUBMIT THE COMPLETED QUESTIONNAIRE TO:

SPP: Protection.Program@bc spp.org

UCIPP: Protection.Program@bcucipp.org or

FAX to (250) 356-6222

CONSTRUCTION PROJECT TYPE:	New Construction	Modular	Addition	Renovation	Envelope Repair	Roofing Only
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Owner/Name of Applicant (Named Insured):	_____
Mailing Address:	_____
Project Site Address:	_____
If Modular, Pre-fab Site Address:	_____
Project Description:	_____
Applicant Assigned Project Number	_____
Ministry Assigned Project Number	_____

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

REQUIRED - ADDITIONAL INFORMATION:		Attached:		
	Site Plan (new builds)	Yes	No	
	Soils Report (new construction projects)	Yes	No	
	Project Schedule	Yes	No	
	Hard and Soft Costs Table Completed (all projects - see Page 5)	Yes	No	
	Project Summary	Yes	No	
	Insurance Schedule	Yes	No	

BUDGET SUMMARY:	Amount not originating from the Owner or funding Ministry:	\$	
Estimated construction costs	Hard Costs:	\$	_____ Should match worksheet on page 4
<i>(i.e., this is not the project budget, but rather the total insurable costs calculated on page 5 of the application)</i>	Additional Hard Costs:	\$	_____ Should match worksheet on page 4
Estimated Construction Costs in this section will automatically populate once the worksheet on page 5 is completed.	Sub-total:	\$	_____
	Soft Costs:	\$	_____ Should match worksheet on page 4
	Total:	\$	_____ The total sum of Hard Costs, Additional Hards Costs and Soft Costs

PROJECT DURATION:	Proposed Starting Date: _____ <i>dd-mmm-yyyy</i>	Estimated Completion Date: _____ <i>dd-mmm-yyyy</i>
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CONSTRUCTION INFORMATION:	No. of Buildings: _____	No. of Units/Modular Units: _____	No. of Storeys: _____
Distance between Buildings (if applicable): _____	Roof Construction: _____		
Is there any Hot Roofing or installation of Hot Membranes ? Yes No			
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. Yes No			
Exterior Wall Construction (i.e. Wood Frame, Concrete Block, Concrete/Steel Supports): _____			
Foundation Construction: _____		Floors Construction: _____	
Unusual Design Features: _____		No. of Levels Below Grade: _____	

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

FIRE PROTECTION:	Project Site: No. of operating Fire Hydrants within 1,000 ft/300m: _____	Fire Hall within 5 miles / 8 km: Yes No	
	Name of City/Town providing fire protection: _____		
	IF Modular, Pre-fab Site: No. of operating Fire Hydrants within 1,000 ft/300m: _____	Fire Hall within 5 miles / 8 km: Yes No	
	Name of City/Town providing fire protection: _____		
If NEW CONSTRUCTION, confirm hydrants will be pressurized prior to framing: Yes No			

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

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

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

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

WELDING:	Yes	No	
IF YES	Fire Precautions:		

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

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

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

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

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

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

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

PART B - Constructor Loss Experience
Please detail any liability losses (exceeding \$5,000 per accident) which resulted from construction operations in the past five years. Please indicate the date, amount and nature of loss. Please outline below or attach a Loss History document.
If none, please state "NONE".

(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

REOCCURRING SOFT COSTS	AMOUNT
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	\$
Reoccurring Miscellaneous Expenses Including:	
Property Taxes	\$
Building Permits	\$
Additional Insurance Costs	\$
Reoccurring Professional Consultants Fees	\$
Society Organization Expenses	\$
Neighbouring Land Rents	\$
Contingency	\$
SOFT COSTS TOTAL	\$

HARD COSTS	
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	\$
	\$
	\$
HARD COSTS TOTAL	\$

ADDITIONAL HARD COSTS	
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:	\$
ADDITIONAL HARD COSTS TOTAL	\$
TOTAL ESTIMATED CONSTRUCTION COSTS	\$