

This is a fill and print form

BRITISH COLUMBIA GOVERNMENT CONSTRUCTION PROGRAM

OWNER CONSTRUCTION INSURANCE UNDERWRITING QUESTIONNAIRE

FOR PROJECTS WITH ESTIMATED CONSTRUCTION PRICE OVER \$100 MILLION

- ✓ Complete this questionnaire for any/all construction being performed on your property.
- ✓ Only fill in areas applicable to your construction project.

SUBMIT THE COMPLETED QUESTIONNAIRE TO:

Risk Management Branch, PO Box 9405 Stn Prov Govt, Victoria BC V8W 9V1 OR
by email to hcpp@gov.bc.ca OR FAX to (250) 356-6222

CONSTRUCTION PROJECT TYPE: New Construction

Addition ☐

Renovation ☐

**Owner/Name of Applicant
(Named Insured):** _____

Mailing Address: _____

Project Location Address: _____

Project Description: _____

NAME AND ADDRESS OF THE FOLLOWING:

Project Manager: _____

General Contractor: _____

Architect: _____

Land Owner (if not Applicant) _____

Mortgagee/Lender: 1st _____

(include address) 2nd _____

ADDITIONAL INFORMATION - REQUIRED for Insurance Placement

Breakdown of values for various structures and types of work (all projects)

Attached: Yes ☐ No ☐

Site Plan (all projects)

Attached: Yes ☐ No ☐

Geotechnical Report (new construction projects)

Attached: Yes ☐ No ☐

Project Implementation Plan (all projects)

Attached: Yes ☐ No ☐

Construction Schedule (all projects)

Attached: Yes ☐ No ☐

Hard and Soft Costs Table Completed (all projects - see Page 4)

Attached: Yes ☐ No ☐

BUDGET SUMMARY:

Estimated Construction

\$ _____

Hard Costs: \$ _____

Should match worksheet on page 4

Project Cost: _____

Soft Costs: \$ _____

Should match worksheet on page 4

Additional Hard Costs: \$ _____

Should match worksheet on page 4

PROJECT DURATION:

Proposed Starting Date: _____

Estimated Completion Date: _____

dd-mm-yy

dd-mm-yy

CONSTRUCTION INFORMATION:

No. of Buildings: _____

No. of Units: _____

No. of Storeys: _____

Distance between Buildings (if applicable): _____

Roof Construction: _____

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: _____

Estimate of Roofing Work \$ _____

Will the existing building(s) be in the care and custody of the contractor?

Yes ☐

No ☐

If yes, who is responsible for Insuring the existing building(s)?

Will the building be occupied during renovation?

Yes ☐

No ☐

Explain: _____

FIRE PROTECTION:	No. of operating Fire Hydrants: _____	Distance to Fire Hydrants: _____ meters
	Distance to Fire Hall: _____ Kms	
If NEW CONSTRUCTION , confirm hydrants will be pressurized prior to framing: Yes <input type="checkbox"/> No <input type="checkbox"/>		

SURROUNDING EXPOSURES:				
Buildings:	North _____ meters	South _____ meters	East _____ meters	West _____ meters
Road:	North _____ meters	South _____ meters	East _____ meters	West _____ meters

TYPE OF AREA:	Business: <input type="checkbox"/>	Downtown: <input type="checkbox"/>	Industrial: <input type="checkbox"/>	Residential: <input type="checkbox"/>	Rural: <input type="checkbox"/>	Other: <input type="checkbox"/>
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DESCRIBE WATCHMAN & SITE FENCE DETAILS:	_____		
Describe Site Security Details: _____			
Will Site be Hoarded on all sides? Yes <input type="checkbox"/> No <input type="checkbox"/>			

INTENDED OCCUPANCY / USE OF COMPLETED PROJECT?	If partial occupancy/use prior to completion, what portion? _____		
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PROPERTY IN TRANSIT:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, describe type of property: _____				
Method of Transport:	Motor Vehicle <input type="checkbox"/>	Aircraft <input type="checkbox"/>	Watercraft <input type="checkbox"/>	Other <input type="checkbox"/>
Materials being transported outside of Canada or the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PROPERTY OFFSITE	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, describe type of property: _____				
Maximum value of material stored away from construction site: \$ _____				

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

BLASTING :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Estimated Price: \$ _____		
Pre-Blast Survey:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seismographic Readings:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EXCAVATION	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
IF YES	Performed By:			Estimated Price:	\$ _____
Excavated Material Types: _____		Water table above bottom of excavation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how will it be controlled? _____		Area to be excavated: _____			

ASBESTOS REMOVAL:	NOTE Asbestos and related work is not covered under the construction policies. Do not include the value for this work under the project costs. The Contractor is responsible for providing the coverage required.				
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SHORING :	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
IF YES	Underpinning:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Estimated Price:	\$ _____
Performed By: _____					

PILE DRIVING :	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
IF YES	Estimated Price:	\$ _____	Pre-Inspection for existing damage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Performed By: _____			Seismographic Readings:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DEMOLITION:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES	Estimated Price: \$ _____	Method of Demolition: _____
Performed By: _____		
Type of Structure:	Height: _____ <i>meters</i>	Storeys which equals? _____ <i>meters</i>

WELDING:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES	Fire Precautions: _____	

OTHER EXPOSURES:	Does this project involve any of the following:				
Caisson work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tunnelling work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Airport work(Including helipad, landing strip, aerodromes, or any other aviation related premises)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Marine work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide description:					
Value of any such work:					

LOSS CONTROL PROGRAM
Provide details of Loss Control Program to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring, infection control, preconstruction location of utilities and notification to others of interruption thereof, etc.)

IS PROJECT:	Attached to any existing structure? Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide description of connections/integration and schematic drawings detailing attachment to existing structure.		

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

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

BUSINESS INTERRUPTION COVERAGE (DELAYED START-UP) REQUIRED?	Yes	No
If yes, attach worksheet providing breakdown. Detail type of income: _____ for \$ _____		
Total limit being \$ _____ per month for _____ months(s) indemnity period.		

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

Part B – As respects the General Contractor, 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.

_____ (Signature)	_____ (Title)	_____ (Date Signed)
Contact Name and Phone Number: _____		

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	\$
Project Manager	\$
Equipment (i.e. Kitchen – installed at project site)	\$
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	\$
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	\$