

BRITISH COLUMBIA GOVERNMENT CONSTRUCTION PROGRAM

OWNER CONSTRUCTION INSURANCE UNDERWRITING QUESTIONNAIRE

FOR PROJECTS WITH ESTIMATED CONSTRUCTION PRICE **UNDER \$75 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
Email to rmb@gov.bc.ca

CONSTRUCTION PROJECT TYPE:	New Construction <input type="checkbox"/>	Modular <input type="checkbox"/>	Addition <input type="checkbox"/>	Renovation <input type="checkbox"/>	Envelope Repair <input type="checkbox"/>	Roofing Only <input type="checkbox"/>
-----------------------------------	---	----------------------------------	-----------------------------------	-------------------------------------	--	---------------------------------------

Owner/Name of Applicant (Named Insured):	_____
Mailing Address:	_____
Project Site Address:	_____
If Modular, Pre-fab Site Address:	_____
Project Description:	_____
Project Number:	_____

FULL LEGAL NAME AND ADDRESS OF THE FOLLOWING:	
Project Manager:	_____
General Contractor:	_____
Architect:	_____
Land Owner (if not Applicant):	_____
Mortgagee: 1 st	_____
2 nd	_____
<i>(include address)</i>	

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

BUDGET SUMMARY:			
Estimated Construction Project Cost:	Hard Costs:	\$ _____	Should match worksheet on page 4
	Soft Costs:	\$ _____	Should match worksheet on page 4
	Additional Hard Costs:	\$ _____	Should match worksheet on page 4

PROJECT DURATION:	Proposed Starting Date: _____ <i>dd-mmm-yyyy</i>	Estimated Completion Date: _____ <i>dd-mmm-yyyy</i>
--------------------------	--	---

CONSTRUCTION INFORMATION:	No. of Buildings: _____	No. of Units/Modular 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: _____		
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: _____ Distance to Fire Hydrants: _____ meters Distance to Fire Hall: _____ Kms

If Modular, Pre-fab Site: 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 No

DISTANCE FROM SURROUNDING EXPOSURES:

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

TYPE OF AREA: **Business:** **Downtown:** **Industrial:** **Residential:** **Rural:** **Other:**

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, **Off-Site Storage Coverage limited to:** _____

Sub-Limit of: \$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:**

Description of Work:	Estimated Price Including Materials:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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 OR OTHER HAZARDOUS MATERIAL: **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.

SHORING : Yes No **Estimated Price:** \$ _____

IF YES Underpinning: Yes No

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	Storeys 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
If yes, provide description and estimated value of any such work:			

PRECAUTIONS TAKEN:	To Prevent Injury to Public: _____		
	Underground: _____ meters	Overhead Lines: _____ meters	

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

VOLUNTEERS (if applicable):	Liability coverage required? Yes No	No. of volunteers	
Activities Description:			

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.			
Claims History Attached	Yes	No	

(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	\$
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	\$