BRITISH COLUMBIA GOVERNMENT CONSTRUCTION PROGRAM

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

SUBMIT THE COMPLETED QUESTIONNAIRE TO:

SPP: Protection.Program@bcspp.org UCIPP: Protection.Program@bcucipp.org or FAX to (250) 356-6222

CONSTRUCTION PROJECT TYPE:	New Construction	Addition Re	novation			
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	SS OF THE FOLLOWING.					
Project Manager:	35 OF THE POLLOWING.					
General Contractor:						
Architect:						
Land Owner (if not Applicant):						
Other Additional Insureds (e.g., Local Government)						
Mortgagee: 1st						
(include address) 2 nd						
REQUIRED - Additional Inform	MATION: Breakdown of va	llues for various structures and ty	pes of work (all p	rojects) Attached:	Yes	No
			Site Plan (new	builds) Attached:	Yes	No
		Geotechnical Report (no	-	• /	Yes	No
		Project Implemen			Yes	No
			Project So		Yes	No
	Hard	and Soft Costs Table Completed	`	0 ,	Yes	No
			Project Su Insurance	•	Yes Yes	No No
BUDGET SUMMARY:	Amount not originating fro	om the Owner or funding Ministry:		\$		
Estimated construction costs		Hard Costs:	\$		_	
(i.e., this is not the project budget, but	rather the			Should match worksheet on p	page 6	
total insurable costs calculated on pag application)	ge 6 of the	Additional Hard Costs	s: \$	Should match worksheet on pa	age 6	
Estimated Construction Costs in this s automatically populate once the worksl		Sub-total:	\$	_		
is completed.		Soft Costs:	\$	Should match worksheet on p	page 6	
		Total:	\$	The total sum of Hard Costs, A	Additional Hards C	osts and Soft Costs

PROJECT DURATION: P	roposed Starting Date:		Estimated Co	mpletion Date:		
		dd-mmm-yyyy			dd-mmm-yyyy	
CONSTRUCTION INFORMATION:	No. of Buildings:		No. of Units/Modular Un	nits:	No. of Storeys:	
Distance between Buildings (if ap	plicable):		Roof Construction:			
Is there any Hot Roofing or ins	stallation of Hot Membranes	? Yes No)			
Where roofing involves hot works of \$2,000,000.00.	s contractor/sub-contractor	has been required to furnish pro	of of their own liability insur	rance with a minimum	limit Yes No	
Exterior Wall Construction (i.e. V	Wood Frame, Concrete Block	k, Concrete/Steel Supports):				
Foundation Construction:		Floors Construc	ction:			
Unusual Design Features:		No. of Levels Be	elow Grade:			
RENOVATION PROJECTS:	Year Structure Built:	Is this a l	neritage building?	Yes	No	
Roofing Work:	Yes No	If yes to Roofing Work Descr		1 65	140	
Will the existing building(s) be in			-	ate of Roofing Work		
If yes, who is responsible for Insur			Tto Estima	te of Rooming Work		
	0 0 00					
Will the building be occupied duri	ing renovation: 1 es	No Explain:				
FIRE PROTECTION:	Project Site: N	No. of operating Fire Hydrants w	rithin 1,000 ft/300m:	Fire Hall within	n 5 miles / 8 km: Yes No	
		Name of City/Town prov	iding 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 prov	viding fire protection:			
If NEW CONSTRUCTION, confi	irm hydrants will be pressu	rized prior to framing: Ye	s No			
Promings provide a provide pro						
DISTANCE FROM SURROUNDING		0.4	matars E	motors	W matare	
Buildings:	North metes	South	meters East	meters	West meters	
Road:	North meter	South	meters East	meters	West meters	
TYPE OF AREA:	Business:	Downtown: Indust	trial: Residential:	Rural:	Other:	
WATCHMAN & SITE FENCE:						
Describe Site Security* Details at	:					
Project Site:						
If Modular, Pre-fab Site:						
Is Site(s) Fenced and Access Cont	trolled?					
Project Site: Yes	No					
If Modular, Pre-fab Site: Yes	No					
Will Site(s) be Hoarded on all side	es? 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*:		Maximu	m value of prop	erty in transit at any on	e time \$			
Materials being transpo	orted from out	tside of Cana	da or the USA?	Yes	No			
If Yes, describe:								
	% Land		% Water*	% Air				
*Unless otherwise agreed					ada & Continental USA covered	while in transit	within and between any r	place within Canada
					2.5 million total per occurrence/a			
SUB-CONTRACTORS:	With	respect to the	4 largest sub-co	ontractors please provid	e the following:		Estimated Price Inclu	ding 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 I	Ву:			v	Vater table above bottom of exc	cavation?	Yes	No
Excavated Material Typ	oes:				Area to be excavated:			
If yes, how will it be con	trolled?							
ASBESTOS REMOVAL:					lity policy contains an Absolute A y way relating to asbestos. Refer			ded
Asbestos Removal	Yes	•	No	-			•	
Confirm contractor has	s been require	ed to furnish r	proof of Asbesto	s Abatement Liability	Yes No			
SHORING:		Yes	No					
IF YES Underp	inning:	Yes	No		Estimated Price:	\$		
Performed By:	C							
renormed by:								
PILE DRIVING:		Yes	No					
IF YES Estima	atad Dwigas	c			Pre-Inspection for existing da	ımage: Yes	No	
	ted Price:	\$			•			
Perfo	ormed By:				Seismographic Rea	idings: Yes	No	
DEMOLITION:		Yes	No					
	1 D :			# d 1 as				
IF YES Estimate	ed Price:	\$	N	Method of Demolition:				
Perform	ned By:				<u> </u>			
Type of Str	ructure:		Height	t:	meters Storeys v	which equals?		meters

meters

meters

WELDING: Ye IF YES Fire Precautions:	s No					
OTHER EXPOSURES Does the project invo	lve any of the following:					
Caisson Work: Yes No	Tunnellin	ng Work: Yes	No			
Airport Work: Yes No	Marine W	Vork: Yes	No			
Airport Work (including helipad, landing strip, aero	drome, or any other aviation	related premises)				
If yes, provide description:						
Value of such work:						
PRECAUTIONS TAKEN: To Preven	ent Injury to Public:					
	Underground:	metes	Overhe	ead Lines:	meters	
LOSS CONTROL PROGRAM Provide details of Loss Control Program to be imple control, preconstruction location of utilities and notion			ffic control, reco	onstruction surveys, vibration n	nonitoring, infection	
Is Project:	Attached to any existing	g 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 exist	ing services(e.g. roads	s, railways, utilitie	es, etc.):		
	_					
Performed By:						
BUSINESS INTERRUPTION COVERAGE (DELAYED ST.	ART-UP) REQUIRED?	Yes	No	N/A		
If yes, attach worksheet providing breakdown. Detail type of income for \$						
Total limit being \$ per month for month(s) indemnity period.						
VOLUNTEERS Liability Coverage	ge required?	Yes	No	No. of volunteers		
IMPORTANT: Liability coverage is not automatic	and must be negotiated and c	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 \$5,0 loss. Please outline below or attach a Loss Histo If none, please state "NONE".	000 per accident) which resulted from construction operations in the past five years. Please indicate the date, ory document.	amount and nature of
(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	
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	\$