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# Application

## Construction Insurance

**Submitting Broker, please complete the following to assist us in processing this submission:**

Name of Brokerage: \_\_\_\_\_

Name of Broker Contact: \_\_\_\_\_

Brokerage Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

For renewal purposes only: Policy Number: \_\_\_\_\_ ISN (Client's Number): \_\_\_\_\_

Wrap-Up Liability

Builders Risk

Please complete the GENERAL INFORMATION section for ALL PROJECTS and specific sections for WRAP-UP LIABILITY and BUILDERS RISK according to requirements.

**SPECIAL NOTE:** Each construction project presents unique exposures. Detailed information and submission of all documents/plans requested increases our efficiency and results in the most favourable terms. When available, please provide:

- (a) BREAKDOWN OF VALUES for the various structures and types of work;
- (b) SITE PLAN indicating distance, construction and occupancy of exposures;
- (c) SCHEDULE OF CONSTRUCTION;
- (d) SUMMARY and RECOMMENDATIONS from the GEOTECHNICAL REPORT;
- (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.

### GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_

\_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Name of Project: \_\_\_\_\_

4. Address/Location of Project: \_\_\_\_\_ Postal Code: \_\_\_\_\_

5. Description of Project: \_\_\_\_\_

New Construction: \_\_\_\_\_% Renovation: \_\_\_\_\_% Addition Beside Existing Building: \_\_\_\_\_%

6. Project Participants (Names):

Owner: \_\_\_\_\_

Project/Construction Manager: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Prime Architectural/Engineering Consultant: \_\_\_\_\_

Geotechnical Engineer: \_\_\_\_\_

7. Construction Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Policy Term (if different from above): From: \_\_\_\_\_ To: \_\_\_\_\_

8. What is the bid date for this project? \_\_\_\_\_

9. By what date do you require a quote? \_\_\_\_\_

10. Project Data:

Height of structure: \_\_\_\_\_ Storeys \_\_\_\_\_ Feet or Metres

Below Grade: \_\_\_\_\_

Above Grade: \_\_\_\_\_

Total Area (indicate Sq. Feet or Sq. Metres): \_\_\_\_\_

If this project is a long-span building such as a warehouse or stadium, please indicate the maximum unsupported span length (indicate in feet or metres): \_\_\_\_\_

11. Construction Materials:

Framework: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

Is an Exterior Insulation and Finish System (EIFS) used? YES  NO

If yes, does the EIFS assembly include expanded polystyrene insulation (EPS) or other combustible material?  
YES  NO

Roof: Structure: \_\_\_\_\_ Covering: \_\_\_\_\_

Floors: Structure: \_\_\_\_\_ Covering: \_\_\_\_\_

12. Adjacent Structures (attach site plan if available):

	Type of Construction	Occupancy	Distance
North	_____	_____	_____
East	_____	_____	_____
South	_____	_____	_____
West	_____	_____	_____

13. Neighbourhood (describe): \_\_\_\_\_

14. Security:

Is site fenced?  YES  NO Height/Type: \_\_\_\_\_

Watchman service?  YES  NO Hrs./Rounds: \_\_\_\_\_

Alarm:  Intrusion  Fire/Smoke Alarm sounds to: \_\_\_\_\_

Video surveillance?  YES  NO Type: \_\_\_\_\_

15. Do you have any written loss prevention procedures for the prevention of water damage losses? YES  NO

16. Subsurface Operations:

Please describe the nature, duration, value and relationship to both the project and to adjacent structures.

Blasting: \_\_\_\_\_

Shoring: \_\_\_\_\_

Piling Work: \_\_\_\_\_

driven piles or  drilled or augured piles

Underpinning: \_\_\_\_\_

17. Are there any demolition operations? YES  NO

If yes: (a) anticipated value: \$ \_\_\_\_\_

(b) description of demolition operations: \_\_\_\_\_

18. Are there any hot roofing operations? YES  NO

If yes: (a) what percentage of the roof is undergoing hot roofing operations: \_\_\_\_\_%

(b) anticipated value of this work: \$ \_\_\_\_\_

19. If any portion of the project will be occupied prior to completion, please provide details (period, extent and nature of occupancy):

\_\_\_\_\_  
\_\_\_\_\_

20. Is this a fast track project? YES  NO

If yes, please detail experience with similar projects:

\_\_\_\_\_

21. Geotechnical Data and Construction Data:

(a) Has a geotechnical report been completed? YES  NO

If not, please advise reasons:

\_\_\_\_\_

(b) Will the project be constructed in compliance with geotechnical recommendations?  
YES  NO  With Modifications

If modifications, please describe in detail:

\_\_\_\_\_

(c) If a copy of the geotechnical report summary and recommendations is not available, please describe soil conditions:

\_\_\_\_\_

(d) Type of foundation for each structure: \_\_\_\_\_

(e) Are wood forms to be used? YES  NO

(f) Please describe any unusual or experimental features in construction or design:

\_\_\_\_\_

(g) Please describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included:

\_\_\_\_\_

\_\_\_\_\_

22. Please list the Project Manager's/General Contractor's five largest projects in the past five years:

Name	Type	Location	Value (\$100,000's)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WRAP-UP LIABILITY (Complete only if this coverage is required.)**

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1. Total Estimated Project Value: \$ \_\_\_\_\_ (Attach breakdown if available.)

2. Completed Operations Period:  12 months  24 months  Other \_\_\_\_\_

3. Limits of Liability	Deductible Options
\$ _____,000,000	\$ _____
\$ _____,000,000	\$ _____
\$ _____,000,000	\$ _____

4. (a) Does the project attach to or communicate with an existing structure? YES  NO

Manner in which structures will connect or communicate:  
 \_\_\_\_\_

(b) Occupancy of existing structure during construction:  
 \_\_\_\_\_

(c) What operation and income is likely to be affected if the existing structure is damaged?  
 \_\_\_\_\_

5. Please detail exposures to utilities, including relocation thereof (both below and above grade):  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please describe any offsite operations or locations which require insurance.  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Please provide details of the LOSS CONTROL PROGRAM to be implemented to protect others from operations (i.e., traffic control, preconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Claims Experience:  
 Please detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three years: Owner, General Contractor Project/Construction Manager. Please indicate the date, amount and nature of claim.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BUILDERS RISK** (Complete only if this coverage is required.)

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1. Total Estimated Project Value: \$\_\_\_\_\_ (Attach breakdown if available.)
- Hard Costs: \$\_\_\_\_\_ (Labour, materials, professional fees to enter into and form part of the project.)
- Soft Costs: \$\_\_\_\_\_ (Financial costs, additional interest expenses, leasing and marketing expenses, legal and accounting expenses, miscellaneous carrying costs.)
- \$\_\_\_\_\_ Financial Costs
- \$\_\_\_\_\_ Additional Interest Expenses
- \$\_\_\_\_\_ Leasing and Marketing Expenses
- \$\_\_\_\_\_ Legal and Accounting Expenses
- \$\_\_\_\_\_ Miscellaneous Carrying Costs
- Note: Architectural and engineering fees are not Soft Costs but Hard Costs for the purpose of this coverage.

2. Other Property to be insured:
- (a) Existing building: \$\_\_\_\_\_
- (b) Temporary buildings, scaffolding, falsework, forms and hoardings: \$\_\_\_\_\_
- (c) Job site field offices (excluding contents): \$\_\_\_\_\_

If coverage is required for either (a), (b) or (c) above, please detail age, construction, condition and occupancy of such property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is BUSINESS INTERRUPTION COVERAGE (DELAYED START-UP) required? YES  NO
- If yes, please detail the type of income: \_\_\_\_\_ for \$\_\_\_\_\_
- Total limit being \$\_\_\_\_\_ per month for \_\_\_\_\_ month(s) indemnity period

Coverage	Limits	Deductibles
Value of Project	\$_____	\$_____
Other Property to be Insured	\$_____	\$_____
Sublimits	Limits	Deductibles
Soft Costs (other than 3 above)	\$_____	\$_____
Delayed Start-up (see 3 above)	\$_____	_____ days
Offsite	\$_____	\$_____
Transit	\$_____	\$_____
Testing (electrical/mechanical breakdown during commissioning)	_____ weeks	\$_____

5. Please list the offsite locations and maximum value at each:
- \_\_\_\_\_

6. Transit:
- Please list the key items (individual items over \$100,000 value), point of origin, location where insured accepts responsibility (F.O.B.):
- \_\_\_\_\_

7. Testing: (a) Who will perform testing operations? \_\_\_\_\_  
 (b) Please describe the operations involved in testing and commissioning:  
 \_\_\_\_\_  
 (c) Will the project involve the installation of any used equipment? YES  NO

8. Fire Protection:

- (a) Distance to the nearest Fire Department: \_\_\_\_\_  
 (b) Name of City or Town providing protection: \_\_\_\_\_  
 (c) Hydrants (operational): Number within 1,000 ft.: \_\_\_\_\_  
 (d) Please describe private fire protection: \_\_\_\_\_  
 (e) Will the project be sprinklered? YES  NO   
 If yes, at which time will the sprinkler system be in operation? \_\_\_\_\_

9. Flood Exposure:

- (a) Nearest body of water: Name: \_\_\_\_\_ Distance: \_\_\_\_\_  
 (b) Past flood history at site: \_\_\_\_\_  
 (c) Height of project above maximum flood stage: \_\_\_\_\_  
 (d) Please describe the exposure during and after excavation from surface water and ground water:  
 \_\_\_\_\_  
 (e) Please describe the precautions to be taken to prevent damage from flood:  
 \_\_\_\_\_  
 (f) What is being done to prevent run-off damage?  
 \_\_\_\_\_

10. Site Risks:

Please detail the exposures from:

- (a) Winter heating conditions (type of heaters):  
 \_\_\_\_\_  
 (b) Explosion (please detail the use of any highly flammable or explosive materials to be present on site):  
 \_\_\_\_\_

11. If SOFT COSTS/DELAYED START-UP COVERAGE is required, please provide details:

- (a) Contracted completion date: \_\_\_\_\_  
 Anticipated completion date: \_\_\_\_\_  
 (b) Anticipated replacement times for key items if reorder necessitated (i.e., boilers, turbines, generators, etc.):

Item	Delivery Period	Supplier Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Please provide details of the LOSS CONTROL PROGRAM to be implemented to protect insured property:

\_\_\_\_\_  
 \_\_\_\_\_

13. Claims Experience:

Please detail any Builders Risk or Installation Floater claims (exceeding \$10,000 per loss) incurred by any of the following during the past three years: Owner, General Contractor, Project/Construction Manager. Please indicate the date, amount and nature of claim.

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**APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor’s privacy policy, please contact [privacypolicyinquiries@victorinsurance.com](mailto:privacypolicyinquiries@victorinsurance.com).

**DECLARATIONS AND SIGNATURE**

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It is understood and agreed that the completion of this Application does not bind the insurers to sell, nor does it obligate the Applicant to purchase the insurance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)

Attached:     Bridge Supplement     Dam Supplement     Tunnel Supplement     Utility Supplement