

BRITISH COLUMBIA GOVERNMENT CONSTRUCTION PROGRAM

OWNER CONSTRUCTION INSURANCE UNDERWRITING QUESTIONNAIRE FOR PROJECTS WITH ESTIMATED CONSTRUCTION PRICE OVER \$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 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 UPON PROJECT AWARD:

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 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: _____
dd-mmm-yyyy

Estimated Completion Date: _____
dd-mmm-yyyy

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 No	

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:
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DESCRIBE WATCHMAN & SITE FENCE DETAILS:		_____
Describe Site Security Details: _____		
Will Site be Hoarded on all sides?	Yes	No

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

PROPERTY OFFSITE	Yes	No		
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	No		Estimated Price: \$ _____
Pre-Blast Survey:	Yes	No	Seismographic Readings:	Yes No

EXCAVATION	Yes	No		
IF YES	Performed By: _____			Estimated Price: \$ _____
Excavated Material Types: _____	Water table above bottom of excavation?		Yes	No
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	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:	<i>meters</i>	Storeys which equals?
			<i>meters</i>

WELDING:	Yes	No	
IF YES	Fire Precautions:		

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.)
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IS PROJECT:	Attached to any existing structure?	Yes	No
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	\$