



## CIVIL WORK AND TECHNICAL RISKS APPLICATION

### GENERAL INFORMATION'S

1. Applicant's name: \_\_\_\_\_
2. Applicant's address: \_\_\_\_\_
3. Project description: \_\_\_\_\_  
\_\_\_\_\_
4. Project type  
 New construction: % \_\_\_\_\_  
 Renovation: % \_\_\_\_\_  
 Addition: % \_\_\_\_\_
5. Project address or location: \_\_\_\_\_
6. Scheduled starting date: \_\_\_\_\_
7. Scheduled completion date: \_\_\_\_\_
8. Contract price: \$ \_\_\_\_\_

### PROJECT PARTICIPANTS

1. Owner: \_\_\_\_\_
2. Project/construction manager: \_\_\_\_\_  
 Years of experience: \_\_\_\_\_
3. General contractor: \_\_\_\_\_  
 Years of experience: \_\_\_\_\_
4. Architectural/engineering consultants: \_\_\_\_\_
5. Please provide a list or the project manager's/general contractor's five largest project completed in the past three years:

Name	Project description	Project value



**LOSS EXPERIENCE**

- 1. In the past 5 years, has the Owner, General Contractor, or Project/Construction Manager experienced any Builder’s Risk or Wrap-up claims?  Yes  No

If Yes, please provide the date, amount, and description of the claim(s):

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**TECHNICAL SPECIFICATIONS – PLEASE FULFILL ALL SECTIONS PERTAINING TO THE PROJECT**

**SITE SPECIFICATION**

- 1.  Greenfield  Remediated brownfield  
 Brownfield

If the site is brownfield, please describe remediation works and value:

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**SPECIAL EXPOSURES**

Please provide value, duration, and description of the work in relation with the project.

- 1. Blasting:

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Please describe vibration monitoring system:

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Is there any structure within 250 feet of the work?  Yes  No

If Yes, please confirm that pre and post blasting surveys of the structure(s) will be conducted  Yes  No

If No, please explain:

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- 2. Piling work:

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Number of piles: \_\_\_\_\_

Type of piles: \_\_\_\_\_

Method of placing:

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Please describe vibration monitoring system:

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3. Shoring:

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4. Underpinning:

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Directional drilling/pipe jacking:

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5. Hot works:

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Will a hot work permit be in use?  Yes  No

### GEOTECHNICAL

1. Has a geotechnical report been completed?  Yes  No  
If No, please explain:

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2. Will the project be constructed in compliance with geotechnical recommendations?  Yes  No  
 With modifications

If No or With modifications, please explain:

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### WATER DAMAGE / FLOOD EXPOSURES

1. Distance of the closest body of water:

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2. Name of the body of water:

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3. Past flood history at site:

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4. Has a hydraulic/hydrological study been produced for this project?  Yes  No  
If Yes, is the design and project construction schedule made according to the study(ies)?  Yes  No  
If No, please explain:

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5. Is there any cofferdam in this project?  Yes  No  
If Yes, what is the return period design?

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6. Is the design made according to the hydraulic/hydrological study?  Yes  No  
 If No, please explain the design:

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Cofferdam type:

- Sheetpile  Earthen  
 Rockfill  Concrete  
 Other (describe): \_\_\_\_\_

Is the cofferdam(s) built to allow overtopping?  Yes  No  
 If No, freeboard above highest recorded flood level?

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7. Dewatering required?  Yes  No  
 If Yes, please describe the following:

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Method:

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Main equipment and power source:

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Standby equipment and power source:

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### SEWER AND WATER MAIN

1. Pumphouse/booster station value:

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2. Maximum depth of excavation:

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3. Method of construction

- Open trench: % \_\_\_\_\_  
 Directional drilling: % \_\_\_\_\_  
 Other (please describe): % \_\_\_\_\_

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4. Total length of pipe and watermain:

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### SEWER AND WATER TREATMENT PLANT

1. Please describe the project scope:

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2. Construction specifications: (Existing or new facility):

Height of Structure	Stories	Square Metres	Square Feet
Below Grade			
Above Grade			
<b>Total Building Area</b>			

Beams or girders with spans > 25 metres or 82 feet?

Yes  No

Construction Materials

Foundation:

Framework:

Exterior Walls:

Roof Structure:

Roof Covering:

Floors Structure:

Floors Covering:

Insulated Concrete Forms used?

Yes  No

Insulation 100% Non-Combustible?

Yes  No

3. La structure sera-t-elle fabriquée avec des panneaux architecturaux (Will the structure be made of Insulated Metal Pannels?)

Yes  No

If Yes, percentage of the structure that will be comprise of Insulated metal panels.

% \_\_\_\_\_

Are the panels FM approved?

Yes  No

Type of insulated panels

Mineral wool:

% \_\_\_\_\_

Polyurethane:

% \_\_\_\_\_

Polyisocyanurate

% \_\_\_\_\_

4. Is there any temporary equipment to be insured?

Yes  No

If Yes, please provide value and description the equipment's:

\_\_\_\_\_

5. Testing and commissioning period (days):

\_\_\_\_\_

6. Is it including hot testing?

\_\_\_\_\_

7. Who will be conducting the testing?

\_\_\_\_\_

## BRIDGE AND OVERPASS

1.  New  Rénovation | Renovation

Structural Renovation

If Structural Renovation, please describe:

\_\_\_\_\_

2. Type of structure: (beam bridge, truss bridge, etc.):

\_\_\_\_\_

3. Over water or over land?

\_\_\_\_\_

4. Over a railroad?

Yes  No

5. Height/length/width:

\_\_\_\_\_

6. Number of spans:

\_\_\_\_\_

- 7. Length of spans: \_\_\_\_\_
- 8. Will traffic be maintained during the work?  Yes  No
- 9. Value of the superstructure \$ \_\_\_\_\_
- 10. Value of the earthworks and approaches: \$ \_\_\_\_\_
- 11. Value of the foundations: \$ \_\_\_\_\_
- 12. Value of the piers and abutments: \$ \_\_\_\_\_
- 13. Type of foundations: \_\_\_\_\_

**PIER, WHARF, JETTY**

- 1. Please describe the type of structure to be built:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. Structure  
 Length: \_\_\_\_\_  
 Width: \_\_\_\_\_  
 Height: \_\_\_\_\_
- 3. Please describe protection from direct sea/water action:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4. Percentage of work from water or from barges: % \_\_\_\_\_  
 Please describe the scope of those works:  
 \_\_\_\_\_
- 5. Détails du dragage | Dredging details:  
 \_\_\_\_\_

**EAR /MILLWRIGHT/EQUIPMENT INSTALLATION**

- 1. Please describe the equipment to be installed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. Please provide the description and value of the three most important piece of equipment in the project:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What is the replacement time and provenance for that equipment?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. Is any used or prototypical equipment to be installed?  Yes  No

4. Construction specifications (Existing or new facility)

Height of Structure	Stories	Square Metres	Square Feet
Below Grade			
Above Grade			
<b>Total Building Area</b>			

Beams or girders with spans > 25 metres or 82 feet?  Yes  No

Construction Materials

Foundation:

Framework:

Exterior Walls:

Roof Structure:

Roof Covering:

Floors Structure:

Floors Covering:

Insulated Concrete Forms used?

Yes  No

Insulation 100% Non-Combustible?

Yes  No

5. Testing and commissioning period (days): \_\_\_\_\_

6. Is it including hot testing?  Yes  No

7. Who will be conducting the testing?  
\_\_\_\_\_

## INSURANCE COVERAGES

### BUILDER'S RISK

1. Total project value: \$ \_\_\_\_\_

2. Hard costs (Material, labor, architects, and engineer): \$ \_\_\_\_\_

3. Soft costs: (Financial costs, interest expenses, marketing, legal and accounting, etc.): \$ \_\_\_\_\_

4. Inland transit: \_\_\_\_\_

5. Off-site coverage: \_\_\_\_\_

6. Equipment breakdown: \_\_\_\_\_

Is testing and commissioning required?  Yes  No

Si Oui, nombre de semaines | If Yes, number of weeks: \_\_\_\_\_

7. Is business interruption required?  Yes  No

Delayed Start-up: \_\_\_\_\_

Gross profits

Gross rents

Period of indemnity (months): \_\_\_\_\_



8. Other property to be insured:  
Existing structure / building:

\_\_\_\_\_

Job site field offices (excluding content):

\_\_\_\_\_

Temporary buildings, scaffolding, falsework, forms, hoardings:

\_\_\_\_\_

Temporary infrastructures, utilities, dewatering systems, and protective equipment (but only to the extent that "replacement" or restoration is necessary to complete the project):

\_\_\_\_\_

**DEDUCTIBLES**

All perils	\$ _____
Inland transit	\$ _____
Off-site coverage	\$ _____
Flood	\$ _____
Earthquake	\$ _____

**WRAP-UP LIABILITY**

1. Limit of liability: \$ \_\_\_\_\_

2. Completed operations period:  
 12 months       24 months       36 months

3. Deductible: \$ \_\_\_\_\_

4. Non-owned automobile: \$ \_\_\_\_\_

5. Tenants' legal liability: \$ \_\_\_\_\_

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

It is agreed that the completion of this application does not bind the insurer to sell, nor does it obligate the applicant to purchase the insurance.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).