



<b>SURROUNDING EXPOSURES:</b>	This section not required provided Site Plans attached include this information.					
<b>Buildings:</b>	North _____ meters	South _____ meters	East _____ meters	West _____ meters		
<b>Road:</b>	North _____ meters	South _____ meters	East _____ meters	West _____ meters		

<b>DESCRIBE SECURITY &amp; SITE FENCE DETAILS:</b>	_____	
<b>Describe Site Security Details:</b>	_____	
<b>Will Site be Hoarded on all sides?</b>	Yes	No

<b>TRANSIT LIMIT OF EXPOSURE:</b>	\$ _____	<b>Materials being transported outside of Canada or the USA?</b>	Yes	No
<b>If Yes, describe:</b>	_____			
	<b>Maximum value of material stored away from the construction site?</b>	\$ _____		

<b>TYPE OF AREA:</b>	<b>Business:</b>	<b>Downtown:</b>	<b>Industrial:</b>	<b>Residential:</b>	<b>Rural:</b>	<b>Other:</b>
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<b>SUB-CONTRACTORS:</b>	With respect to the 4 largest sub-contractors please provide the following:	
<b>Description of Work:</b>	_____	<b>Estimated Price Including Materials:</b>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
		\$ _____

<b>BLASTING :</b>	Yes	No	<b>Estimated Price:</b>	\$ _____
<b>Pre-Blast Survey:</b>	Yes	No	<b>Seismographic Readings:</b>	Yes No

<b>EXCAVATION</b>	Yes	No		
<b>IF YES</b>	<b>Performed By:</b>	_____	<b>Estimated Price:</b>	\$ _____
	<b>Excavated Material Types:</b>	_____	<b>Water table above bottom of excavation?</b>	Yes No
	<b>If yes, how will it be controlled?</b>	_____	<b>Area to be excavated:</b>	_____

<b>ASBESTOS REMOVAL:</b>	Yes	No	Confirm contractor has been required to furnish proof of Contractor Pollution Liability/Asbestos Abatement Liability	Yes	No
<b>IF YES</b>	<b>Duration – Number of Weeks</b>	_____	<b>Estimated Value of Removal?</b>	\$ _____	

<b>SHORING :</b>	Yes	No		
<b>IF YES</b>	<b>Underpinning:</b>	Yes No	<b>Estimated Price:</b>	\$ _____
	<b>Performed By:</b>	_____		

<b>PILE DRIVING :</b>	Yes	No		
<b>IF YES</b>	<b>Estimated Price:</b>	\$ _____	<b>Pre-Inspection for existing damage:</b>	Yes No
	<b>Performed By:</b>	_____	<b>Seismographic Readings:</b>	Yes No

<b>DEMOLITION:</b>	Yes	No		
<b>IF YES</b>	<b>Estimated Price:</b>	\$ _____	<b>Method of Demolition:</b>	_____
	<b>Performed By:</b>	_____		
	<b>Type of Structure:</b>	_____	<b>Height:</b>	_____ meters
			<b>Storeys which equals?</b>	_____ meters

<b>WELDING:</b>	Yes	No		
<b>IF YES</b>	<b>Fire Precautions:</b>	_____		

<b>ERECTION OF STRUCTURE:</b>	<b>Estimated Price:</b>	\$ _____	<b>Height:</b>	_____ meters	<b>Storeys which equals?</b>	_____ meters
	<b>Performed By:</b>	_____				

<b>PRECAUTIONS TAKEN:</b>	<b>To Prevent Injury to Public:</b>	_____		
	<b>Underground:</b>	_____ meters	<b>Overhead Lines:</b>	_____ meters

<b>IS PROJECT:</b>	<b>Attached to any existing structure?</b>	Yes	No
	<b>Within any existing complex, plant, etc.?</b>	Yes	No

<b>PARTIAL OCCUPANCY?</b>	If partial occupancy prior to completion, what portion?
<b>Description:</b>	

<b>WHAT "OFF-SITE" WORKS INVOLVED?</b>	Describe any works involving transmission lines, pipelines, access roads, railways, dams, bridges, tunnels, etc.
<b>Description:</b>	

<b>RELOCATION (if applicable):</b>	Details of relocation of existing services (e.g. roads, railways, utilities, etc.)
<b>Performed By:</b>	

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date Signed)

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

### Project Costs

<b>REOCCURRING SOFT COSTS</b> 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.	<b>AMOUNT</b>
Finance Costs / Fees	\$
Additional Interest Expenses	\$
Legal / Accounting Expenses	\$
Leasing / Marketing Expenses	\$
Building Permits	\$
Additional Insurance Costs	\$
Reoccurring Professional Consultants Fees	\$
Contingency	\$
<b>SOFT COSTS TOTAL</b>	<b>\$</b>

<b>HARD COSTS</b> Construction Materials & Labour. These costs are adjustable at project end.	<b>AMOUNT</b>
Construction	\$
Demolition	\$
Off-site Services	\$
Dev. Consult/Project Manager	\$
Inspector	\$
Equipment permanently installed in project	\$
Project Contingency	\$
<b>HARD COSTS TOTAL</b>	<b>\$</b>

<b>ADDITIONAL HARD COSTS</b> Additional property required to be insured. These costs are not adjustable at project end.	<b>AMOUNT</b>
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 Property Incidental To The Project not otherwise insured. (i.e.: office trailer)	\$
<b>ADDITIONAL HARD COSTS TOTAL</b>	<b>\$</b>