



CONSTRUCTION INSURANCE
PARTNERS, LLC

Controlled Insurance Program Preliminary Underwriting Information

Construction Insurance Partners is a team of experienced brokers, administrators, claims and loss control professionals. It is our role to recommend ways a Sponsor can better protect their assets while sharing the benefits of a Controlled Insurance Program.

The following questionnaire will assist Construction Insurance Partners in the evaluation, planning, development and implementation of a Controlled Insurance Program.



Controlled Insurance Program Preliminary Underwriting Information

Casualty Coverage

1. Provide a narrative description of the project scope.
2. Identify the project location and provide site maps and plot plans if possible.
3. Provide photographs and artist's renderings (If available).
4. Provide an estimate of the project hard costs (labor and material). If possible please provide an estimate of the soft costs breakout as well.
5. Provide an estimate of the Payroll by Workers' Compensation classification, if possible. If not available, approximate contract value of work by major trade.
6. What is the estimated length of construction? If possible, please provide project timelines or workflow charts for major activities.
7. Will project include any demolition and/or blasting? If yes, please describe activity.
8. Provide an estimate regarding the number of potential subcontractors (Provide names where possible).
9. Provide a brief description of potential third party exposures. (i.e. proximity to third party buildings, power lines, sewers, & subways/railroads)
10. Describe potential for any partial occupancy exposures, if applicable.
11. Describe on-site safety and security measures (i.e. fences, security guards, CCTV, etc.)
12. If available, provide a copy of the project's preliminary site safety plan.



Controlled Insurance Program Preliminary Underwriting Information

Property Coverage

1. Project Costs including Soft Cost Breakout & Equipment Costs
2. Construction Delivery Method (i.e. Design Build, Design, Bid Build, etc.)
3. Describe potential for any partial occupancy exposures, if applicable.
4. Describe details related to in-transit/off-site storage of the equipment and materials. Indicate who is contractually responsible for the material while it is being stored or is located off-site.
5. By what method will most equipment be delivered to the site? (i.e. rail, truck, air, water, or combination thereof?)
6. What is the proximity to rail lines?
7. How much of the equipment and building materials are going to be imported?
8. Are the general contractor and/or individual trade contractor(s) responsible for their own equipment, tools, storage trailers, mobile equipment, etc.?
9. Is the site located in an earthquake or flood zone?
10. Testing Coverage-Who is responsible for the “hot” and “cold” testing of the processing equipment, HVAC, co-generation units, etc.?
11. Confirm the contract language related to the waivers of subrogation. Ideally, any waivers of subrogation should apply only to the extent that a loss is covered by valid, collectible property insurance.
12. Provide a detail of existing Ground Conditions at the site.
13. Provide a detail of the Fire Fighting Facilities during Construction Period.
14. Provide details of the design criteria for Fixed Fire Protection of the Facility (FMI or NFPA Equivalent).



Contractor Safety Prequalification Information Form

If a General Contractor has been selected please provide the following information:

1. List your firm's Interstate Experience Modification Rate for the 3 most recent years.

2. Use your last year's OSHA No. 300 Log to fill in:
 - a. Number of lost workday cases _____
 - b. Number of cases with medical attention only _____
 - c. Number of fatalities _____
 - d. Employee hours worked last year (do not include any non-work time, even though paid) _____
3. Do you have a written safety program? Yes No
If yes, enclose a copy.
4. Do you hold site safety meetings for field supervisors? Yes No
5. Do you conduct project safety inspections? Yes No
If yes, who conducts this inspection (title)?

How often?

6. Do you have a program for newly hired or promoted foremen?
Yes No
7. Do you have a return-to-work program for employees injured on the job?
Yes No
8. Do you hold "toolbox" safety meetings? Yes No
How often?

9. Do you have a safety incentive program for employees? Yes No



10. Do you have a drug screen program? Yes No

If yes, what type? Pre-Employment
 Random
 Post Accident
 Other

11. How are the costs of individual accidents kept? How often are they reported?

	No	Yes	Monthly	Quarterly	Annually
Costs totaled for the entire company					
Costs totaled by project					
Subtotalled by superintendent					
Subtotalled by foreman					

12. Are accident and report summaries sent to the following? How often?

	No	Yes	Monthly	Quarterly	Annually
Foreman					
Field Superintendent					
Upper Management					

13. How are accident records and accident summaries kept? How often are they reported?

	No	Yes	Monthly	Quarterly	Annually
Accidents totaled for the entire company					
Accidents totaled by project					
Subtotalled by superintendent					
Subtotalled by foreman					