MontRidge Insurance Services

DATA CENTER CONSTRUCTION CHECKLIST

Commercial Risk Education Series

A practical self-assessment to help identify insurance and operational risk topics for further discussion. Select Yes, No or Not Sure for each item. Leave items that do not apply blank. There is no score or passing grade.

PROJECT

	Yes	No	Not Sure
Are design, procurement and construction responsibilities allocated?	○	○	○
Are power and cooling equipment delivery schedules tracked?	○	○	○
Are commissioning responsibilities clearly defined?	○	○	○
Are existing energized systems and adjacent operations considered?	○	○	○

SITE RISK

	Yes	No	Not Sure
Are hot work and fire protection procedures established?	○	○	○
Are water damage prevention controls documented?	○	○	○
Are critical equipment storage and transit exposures reviewed?	○	○	○
Are subcontractor safety and insurance records maintained?	○	○	○

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Continue your review. Select one response per item; leave non-applicable items blank.

INSURANCE

	Yes	No	Not Sure
Are builder's risk values and testing provisions reviewed?	○	○	○
Are delay in startup exposures evaluated?	○	○	○
Are professional and pollution liability exposures reviewed?	○	○	○
Are equipment transit and installation coverage coordinated?	○	○	○

CONTRACTS

	Yes	No	Not Sure
Are project insurance responsibilities documented?	○	○	○
Are owner-controlled or contractor-controlled programs reviewed if applicable?	○	○	○
Are change orders and schedule impacts documented?	○	○	○
Are handover and operational insurance transitions planned?	○	○	○

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NEXT STEPS

Use your responses to identify questions for your insurance advisor. A No or Not Sure response may warrant further review; a Yes response does not establish adequate insurance or compliance. Keep the completed checklist for your own records.

OPTIONAL CONSULTATION REQUEST

- [ ] I would like to discuss this checklist with Montridge.
- [ ] I would like to review my current insurance program.
- [ ] I would like to receive future educational resources.

OPTIONAL CONTACT INFORMATION

Name

Company

Title

Phone

Email

Preferred contact method

Questions or topics to discuss (avoid confidential or sensitive information)

To arrange a discussion, visit www.montridgeinsurance.com. This PDF does not transmit your responses automatically.

Educational use only. This checklist is not an insurance application, policy, coverage determination, compliance audit, or legal, tax, engineering, medical or financial advice. Coverage depends on actual policy terms, endorsements, exclusions and facts. Consult qualified advisers for your circumstances.