

CONSTRUCTION RISKS APPLICATION

New Build - Residential Projects (up to 6plex in size)

GENERAL INFORMATION

Applicant's Name: _____ Date(s) of Birth: _____

Mailing Address: _____ City: _____ Province: _____ Postal Code: _____

Have you ever had any prior losses (claimed or not) under a construction policy? YES NO

If YES, Please describe: _____

Have you ever had insurance refused or cancelled? YES NO

If YES, Please explain: _____

Mortgagee: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

PROJECT DESCRIPTION

Start Date: _____ Completion Date: _____

Project Address: _____ City: _____ Province: _____ Postal Code: _____

Description of Project: House Duplex Triplex Other (Describe): _____

Square footage of the finished area: _____ Square footage of the unfinished area (i.e. unfinished basement): _____

Presold/owner occupied Speculation Number of Stories: _____

Construction Type:

Exterior Walls: Wood Non Combustible Other, please explain: _____

Siding: Wood Brick Vinyl Other, please explain: _____

Floors: Wood Non Combustible Other, please explain: _____

Roof: Wood Non Combustible Tar & Gravel Shake

Other, please explain: _____

PROTECTION

Hydrant: Yes No Distance to fire hall: _____ km Volunteer Fully paid

Type of Neighborhood: Residential Commercial Mixed Other _____

Distance to closest occupied area in feet? _____ Is project viewable from road? Yes No

PROJECT MANAGEMENT

Is project managed by a professional general contractor? Yes No

If NO, please explain who is managing, and list related prior experience (prior jobs):

If YES, Name of General Contractor: _____ Years in Bus: _____

Does General Contractor carry CGL? Yes No

Loss History? Yes No If yes, Please describe: _____

List of similar projects in past 5 years:

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COVERAGE

Rebuild Costs: \$ _____ (Cost to Rebuild: Labour and Materials)

Soft Cost: \$ _____ (Optional by endorsement – eg. Finance Costs, Legal, Accounting, Other Carrying Cost)

T.I.V. / Limit: \$ _____

If Flood is required - Distance from nearest body of water: _____ Height above body of water: _____

PLEASE READ - Complete the following if project already commenced

On what date did the municipality issue the building permit? _____

What date did framing for the foundations start? _____

Why was insurance not placed at the time construction started? _____

Have there been any incidents on the site that could result in a loss? Yes No

Please explain: _____

Are there any builder liens on this property? Yes No

Please explain: _____

Any changes in the financial status of the contractor or site owner? Yes No

Please explain: _____

What percentage of construction budget has been spent as at today? _____ %

Nature of work that remains: _____

Is this applicant a current client of your brokerage? Yes No

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____ Applicant's Signature: _____

Brokerage: _____ Broker Signature: _____

Date: _____ Email: _____

Fax No: _____ Tel No: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizconstruction@premiergroup.ca ****

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