

**CONSTRUCTION RISKS APPLICATION**  
**Residential Renovation 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: \_\_\_\_\_  
 Cost of renovation project: \$ \_\_\_\_\_ (attach breakdown if avail.)  
 Soft Costs: \$ \_\_\_\_\_ (optional by endorsement)  
 Will there be any structural work?  YES  NO If YES, describe: \_\_\_\_\_  
 Has a professional engineer or consultant approved these structural support changes?  Yes  No  
 Does the Project involve any excavation, foundation work or modifications to the foundation?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 Will the building be partially occupied during renovation activities?  Yes  No  
 If yes, what percentage of the building will be occupied? \_\_\_\_\_%  
 What safety measures are being taken to prevent occupants from entering the work areas: \_\_\_\_\_  
 If Flood is required - Distance from nearest body of water: \_\_\_\_\_ Height above body of water: \_\_\_\_\_

**EXISTING STRUCTURE**

Type of Building: \_\_\_\_\_ Age of Existing Building: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Is this a Heritage Building?  Yes  No  
 Square footage of the finished area: \_\_\_\_\_ Square footage of the unfinished area (i.e. unfinished basement): \_\_\_\_\_  
 Do you require coverage on existing structure?  YES  NO If YES, limit required: \$ \_\_\_\_\_

**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

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**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: \_\_\_\_\_

**PLEASE READ**

**Only complete the following if construction activity has already started on site**

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

If YES, please explain: \_\_\_\_\_

Are there any builder liens or writs?  Yes  No

If YES, please explain: \_\_\_\_\_

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

If YES, please explain: \_\_\_\_\_

Percentage of construction budget spent as at today? \_\_\_\_\_%

Describe remaining work: \_\_\_\_\_

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

Brokerage: \_\_\_\_\_ Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ 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](mailto:newbizconstruction@premiergroup.ca) \*\***

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