

Name of applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website address: _____

Name of all Principals: _____

Contact Name and Tel and Fax # for loss control inspection: _____

Are you a member of your Provincial Home Builder's Association: Yes No

Are you a member of your Provincial Home Warranty Program: Yes No

Number of Employees: _____ Are all your employees covered by workers compensation? Yes No

Years in operation: _____ Years building homes: _____ Owner operated? Yes No

How many years have you been building homes in the current geographic area? Yes No

Years in business under current name: _____

List all business names used in past 5 yrs.: _____

Do you or have you done business outside of Canada: Yes No

If yes, explain: _____

Operations	Est. Revenue
New housing residential construction (up to 4 plex)	
New Apartment construction	
Renovations	
Commercial	
Other – Describe:	

Gross Receipts for last 5 years:				
Year	Gross Receipts	Subcontract costs	No. of employees	Payroll
Next year				
Last year				

Has your operation changed since it started (type of jobs you do): Yes No

If yes, explain: _____

Percentage of work that is typically delegated to a sub- contractor: %

Is 100% of your work building new homes? Yes No

Homes built in metropolitan areas: % _____ Homes Built in rural areas: % _____

Percentage of homes are presold? % _____ Do you build in existing subdivisions (infill housing)? Yes No

Are all homes built within a 75 kms radius? Yes No

What is the maximum construction cost of any home build? \$ _____

Number of new home starts expected in next 12 months? _____

Standard construction materials used? Yes No Standard construction techniques used? Yes No

Do you do any underground work (other than foundations)? Yes No

Is all excavation work sublet? Yes No Do you use explosives/any blasting? Yes No

Do you ensure the sub-trade doing the excavation work has insurance? Yes No

Do you manufacture any products? Yes No Explain: _____

Do you do any design work Yes No Do you do the landscaping Yes No

Are all the building envelope repair work? Yes No Number of stories you will perform work: _____

Have you been involved or will you or your subcontractors be involved in application or removal of asbestos, EYES, or other hazardous materials Yes No

Do you keep records of certificates and agreements with subcontractors? Yes No Length of time: _____

Has or will any of your work involve:

	Yes		Yes		Yes
Air ports	<input type="checkbox"/>	Gas Stations	<input type="checkbox"/>	Radioactive Materials	<input type="checkbox"/>

Alarm installations	<input type="checkbox"/>	Logging	<input type="checkbox"/>	Work on ships	<input type="checkbox"/>
Asbestos Removal	<input type="checkbox"/>	Mine work	<input type="checkbox"/>	Sprinkler Systems	<input type="checkbox"/>
Blasting/ Explosives	<input type="checkbox"/>	Moving buildings	<input type="checkbox"/>	Tunnel work	<input type="checkbox"/>
Bridge Work	<input type="checkbox"/>	Natural Gas Works	<input type="checkbox"/>	Waste sites	<input type="checkbox"/>
Building Envelope	<input type="checkbox"/>	Petrol-Chemical plants	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Crane repairs	<input type="checkbox"/>	Pile driving	<input type="checkbox"/>	Piers/ docks	<input type="checkbox"/>
Dam work	<input type="checkbox"/>	Pollutant Clean up	<input type="checkbox"/>	Hillsides / Land fills	<input type="checkbox"/>
Demolition / wrecking	<input type="checkbox"/>	Propane Facilities	<input type="checkbox"/>	Subsistence areas	<input type="checkbox"/>
Gas / Oil field work	<input type="checkbox"/>				

If yes, explain all activities in these areas: _____

Is your company aware of any facts, circumstances, incidents, situations, damages, or accidents (including but not limited to faulty workmanship, product failure, construction dispute, property damage, or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No

If yes, explain: _____

Current Carrier: _____ Policy #: _____

Claims History last 5 years

Date	Cause	Insurer	Paid or Reserve

Have you been cancelled, declined or refused renewal of your insurance? Yes No

If yes explain: _____

Has any licensing authority taken any action against you? Yes No

Explain: _____

Construction Risk Management

Risk management is important because it reduces the likelihood of a claim being successfully made against you. In calculating the premium, your risk management has a material influence on any terms offered by Premier Canada Assurance Managers Ltd. PLEASE COMPLETE THIS SECTION OF THE APPLICATION IN FULL. The following list includes the causes of many claims made against Contractors. To improve your defence against claims it is best practice to comply with the suggested frequency and also maintain a record of the checks that have taken place.

Dust and Debris and Painting	Suggested Frequency	
In respect of dust, debris and painting , do you:		
Minimise exposure to surrounding property and persons by maintaining perimeter screening and sheeting?	Before any work is started	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning Signs, Lights and Barriers	Suggested Frequency	
In respect of all areas to which the public has access, do you:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Place signs that clearly warn people of the existence of the works and that surfaces may be hazardous?	From the start of the works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clearly light the walkways and surrounding areas at times of poor visibility and during the hours of darkness?	From the start of the works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regularly check the works to ensure that the signs, barriers and lighting remain in place and working order?	Twice Daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure there are in place barriers of a strength and height sufficient to prevent a person tripping or falling into the excavation?	From the start of the works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surfaces and Obstructions	Suggested Frequency	
In respect of all areas to which the public has access. do you:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that any floor covering is regularly checked to be safe, and uneven surfaces are kept to a minimum grade?	Twice Daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regularly check and remove any obstacle that could cause a person to trip and keep the surface of walkways even.	Twice daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment	Suggested Frequency	
For your own equipment,do you:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check on a regular basis that it is safe to operate?	Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Limits Required: \$ _____ Deductible: _____ Target Premium: \$ _____

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.

Title of Applicant: _____
Signature: _____ Date: _____
Brokerage: _____
Broker Contact name: _____ Signature: _____
Broker Telephone: _____ Broker Fax: _____
Broker Email: _____

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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