

**CONSTRUCTION RISKS APPLICATION**

**Project Specific CGL Coverage for Construction Risks - Supplemental Application**

Applicant's name (full legal name): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Describe your construction experience: \_\_\_\_\_

List your last five construction projects: \_\_\_\_\_

Name	Type	Location	Value
1.			
2.			
3.			
4.			
5.			

Current CGL Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Details of all claims during past 5 years: \_\_\_\_\_

Have you ever had insurance refused, or cancelled?  Yes  No

If yes, please explain: \_\_\_\_\_

**Project Specific Questions**

Name of Owner: \_\_\_\_\_

Name of Project Manager: \_\_\_\_\_

Name of General Contractor: \_\_\_\_\_

Description of Project \_\_\_\_\_

Address of Project: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Adjacent Structures (site plan if available)**

	TYPE OF CONSTRUCTION	OCCUPANCY	DISTANCE (FEET)
North			
East			
South			
West			

Are all employees covered by W.C.B.?  Yes  No If no, Please explain: \_\_\_\_\_

Is blasting or demolition involved?  Yes  No If yes, will operations be completed prior to commencement  Yes  No of project?

Is shoring, underpinning or pile driving involved?  Yes  No

If yes, provide details for each activity including nature, duration, contract price and relationship to both the project and to adjacent structures: \_\_\_\_\_

Distance to closest occupied area in feet? \_\_\_\_\_ Ft Is project viewable from road?  Yes  No

Site lighting: Is site well lit?  Yes  No Street Only:  Yes  No Additional lighting dusk to dawn  Yes  No

Fencing 6 feet height  Yes  No Monitored Alarm to lock up?  Yes  No

On Site Watchman service (full-time 24/7):  Yes  No Security Patrol:  Yes  No

Soil Type on building site: Rock  Clay  Landfill  Other

Standard Construction Techniques  Yes  No If no, explain: \_\_\_\_\_

Total Estimated Project Value \$ \_\_\_\_\_ (Attach Breakdown if available)

Does the project attach to or communicate with an existing structure  Yes  No

Manner in which structures will connect or communicate: \_\_\_\_\_

Occupancy of existing structure during construction: \_\_\_\_\_

If any portion of the project will be occupied prior to completion, provide details (Period, Extent and Nature of Occupancy)

\_\_\_\_\_  
\_\_\_\_\_

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

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