

CONSTRUCTION RISKS APPLICATION

Single Project – Builders Risk & Wrap-Up Liability

GENERAL INFORMATION

Applicant's Name: _____

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: _____

New Construction Renovation / Addition

****If Renovation / Addition – Please complete RENOVATION / ADDITION PROJECTS SUPPLEMENTAL****

Description of Project: _____

Number of separate structures: _____ Total square footage of the structures: _____

Number of units (inside each structure): _____ Number of stories: _____

If project consists of multiple structures, will project be built in phases? Yes No

If YES, please describe: _____

Is there any shoring, underpinning, pile driving? Yes No

If YES, provide detail & costs: _____

Is there Underground Parking? YES NO If YES, how many levels? _____

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 there Hot Tar Roofing? Yes No

Is there Torch-On application? Yes No If YES, describe procedure: _____

Standard Construction Techniques: Yes No If NO, explain: _____

Will there be any occupancy prior to final completion? Yes No If YES, explain: _____

Describe any off-site operations or locations, which require insurance: _____

Please attach the following:

- Site Plan
- Budget/Breakdown
- Geotechnical Report
- Construction Schedule

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

Private fire protections (Sprinklers/extinguishers, water tanks etc): _____

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

Fencing 6 feet height: Yes No Monitored Alarm at lock up? Yes No

Is there a watchman/guard posted onsite during off-construction hours? Yes No

Monitored Electronic Security systems? Yes No

If yes, please provide details of installation specifics including site plan showing location of video camera placement: _____

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PROJECT MANAGEMENT

Name of Owner: _____ Name of Project Manager: _____

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 If No, Please explain: _____

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

List of five prior similar projects:

NAME	TYPE	LOCATION	VALUE	DATE COMPLETED

Will the project be in compliance with all geo-technical report recommendations: Yes No

If NO, please explain: _____

COVERAGE

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

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

Delayed Opening: \$ _____ Limit per month: \$ _____ Time Period: _____ months

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

If Flood is required - Distance from nearest body of water: _____ Height above body of water: _____ Is it in a Federal flood zone? Yes No

PLEASE READ

Only complete the following if WRAP-UP LIABILITY is required

Total Estimated Project Value: \$ _____ (Attach breakdown if available)

Limits of Liability Options: \$5M \$10M \$15 \$20M \$25M

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

Manner in which structures will connect or communicate: _____

Will there be any occupancy prior to final completion? Yes No If YES, explain: _____

Detail the exposures to the property resulting from demolition, blasting, pile driving, shoring, and underpinning:

Detail exposures to utilities, including relocation thereof (both below and above grade):

ADJACENT STRUCTIONS (site plan if available)

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

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Describe any offsite operations or locations, which require insurance:

Provide details of LOSS CONTROL PROGRAM to be implemented to protect others from operations (i.e. traffic control, reconstruction surveys, vibration monitoring preconstruction location of utilities and notification to others of interrupting thereof, etc):

Have you (owner, general contractor, project/construction manager) had any prior incidences (claimed or not) under a construction liability policy in the last five years? Yes No

If YES, explain (Date, Amount, Description): _____

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 incidences on the site that could result in a loss? Yes No

If YES, explain: _____

Are there any builder liens or writs on this property? Yes No

If YES, explain: _____

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

If YES, explain: _____

Percentage of construction budget spent as at today: _____ %

Describe remaining work: _____

DECLARATION / CONSENT

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 Name: _____ Applicant Signature: _____ Date: _____

Broker Name: _____ Broker Signature: _____ Date: _____

Brokerage Name: _____ Broker AGT#: _____

Broker Email: _____ Broker Phone: _____

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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