

CONSTRUCTION RISKS APPLICATION

Renovation / Addition Projects Supplemental

Attached to and forming part of Application for Construction Insurance

Project description: _____

Address: _____ City: _____

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

Do you require coverage on the existing structures? Yes No If YES, limit required: \$ _____

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): _____

Is the building currently sprinklered? Yes No Percentage of building sprinklered? _____%

Extent that sprinkler protection will be maintained during the renovation period: _____

Will a new sprinkler system be installed? Yes No

Are sprinklers connected to a monitoring station? Yes No

Will any stories be added to the building? Yes No If YES, explain: _____

Will there be any torch cutting or welding in the project? Yes No

If YES, will a "Hot Work" Permit system be required by the general contractor or project manager so that anyone doing this type of work will be required to get prior approval before starting the torch, cutting, or welding? Yes No

Does the applicant have prior renovation/addition experience? Yes No

If YES, please list last three similar renovation/addition projects: _____

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 ****

Vancouver - T 604.669.5211 F 604.669.2667

London - T 519.850.1610 F 519.850.1614