

**CONSTRUCTION RISKS APPLICATION**

**Blanket Builders Risk (Residential New Builds Only)**

We may require the following documents in order to finalize the quote:

1. Site Plan
2. Break down of Values
3. Summary and Recommendations for the Geotechnical Report

**GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Five-Year Claims History:  YES  NONE If yes, list: \_\_\_\_\_  
 Mortgagee: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**GENERAL CONTRACTOR**

Name (if not assured): \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Five-Year Claims History: \_\_\_\_\_ CGL Insurer: \_\_\_\_\_  
 Last 3 projects (value and type): \_\_\_\_\_

**PROJECT**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Description of Project:  House  Duplex  Triplex  Other (Describe): \_\_\_\_\_  
 New Construction?  YES  NO  Speculation  Pre-sold / owner occupied

**DESCRIPTION OF CONSTRUCTION**

WALLS	SIDING	FLOORS	TYPE OF ROOF	FOUNDATION	SOIL TYPE ON BUILDING SITE
<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Clay
<input type="checkbox"/> Non Combustible	<input type="checkbox"/> Brick	<input type="checkbox"/> Non Combustible	<input type="checkbox"/> Non Combustible	<input type="checkbox"/> Other	<input type="checkbox"/> Rock
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Tar and Gravel	Feet Below Grade: _____ feet	<input type="checkbox"/> Landfill
			<input type="checkbox"/> Shakes		<input type="checkbox"/> Other
			<input type="checkbox"/> Other		

Hot Tar roofing:  YES  NO Torch on application:  YES  NO  
 Standard Frame Construction Techniques:  YES  NO if no, explain: \_\_\_\_\_

**COVERAGE**

Perils Required:  All risk  Fire and EC  Flood / Earthquake  
**If Flood is required:** Distance from nearest body of water: \_\_\_\_\_ Height above body of water: \_\_\_\_\_  
 Is it in a Federal flood zone?  YES  NO

**LIMITS REQUIRED – TOWNHOUSE UNITS**

Average cost to build each townhouse unit: \$ \_\_\_\_\_ No. of townhouse units to be built in next 12 months: \_\_\_\_\_  
 Total value of townhouse to be built in next 12 months: \$ \_\_\_\_\_  
 Average time to build each unit: \_\_\_\_\_ months  
 Soft Costs Limit: \$ \_\_\_\_\_ Number of units currently under construction: \_\_\_\_\_  
 Maximum number of townhouse units in one building: \_\_\_\_\_ Total value of townhouse units in one building: \$ \_\_\_\_\_  
**Limits of Coverage for one building (POLICY LIMIT):** \$ \_\_\_\_\_  
**Policy Loss Limit: Maximum Loss from a single event:** \$ \_\_\_\_\_

**LIMITS REQUIRED – DETACHED OR DUPLEXES**

Average cost to build each dwelling: \$ \_\_\_\_\_ Number of dwellings to be built in next 12 months: \_\_\_\_\_  
 Total value of dwellings to be built in next 12 months: \$ \_\_\_\_\_ Average time to build each dwelling: \_\_\_\_\_ months  
 Soft Costs Limit: \$ \_\_\_\_\_ Number of dwellings currently under construction: \_\_\_\_\_  
 Maximum value of a dwelling: \$ \_\_\_\_\_  
**Limits of Coverage for one building (POLICY LIMIT):** \$ \_\_\_\_\_

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**LIMITS REQUIRED – CATASTROPHE LIMIT**

**POLICY LOSS LIMIT: Maximum Loss from a single event: \$ \_\_\_\_\_**

**PROTECTION**

Hydrant:  YES  NO Distance to fire hall: \_\_\_\_\_ km.  Volunteer  Fully Paid

**Private fire protections (sprinklers/extinguishers/water tanks etc):**

Type of Neighborhood:  Residential  Commercial  Mixed  Other

Crime:  Low Crime  High Crime  Declining  Improving  Other

Distance to closest occupied area in feet? \_\_\_\_\_ Is project viewable from road?  YES  NO

Site lighting: Is site well lit?  YES  NO Street only: \_\_\_\_\_ Additional lighting dusk to dawn?  YES  NO

Fencing 6 feet height:  YES  NO Site Watchman:  YES  NO Monitored Alarm at lock up?  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: \_\_\_\_\_

Have you ever had insurance refused or cancelled?  YES  NO If yes, please explain: \_\_\_\_\_

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

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