

**CONSTRUCTION RISKS APPLICATION**

**All Commercial Projects and Projects Requiring CGL or Wrap Up Liability**

Please complete section A for all quotes (Complete section B also if CGL or WRAP-UP coverage is required.)

SIGNATURES ARE REQUIRED ON PAGE 5. 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

**SECTION A: BUILDERS RISK APPLICATION**

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

FIVE-YEAR CLAIMS HISTORY:  YES  NONE

If yes, list: \_\_\_\_\_

Have you ever had insurance refused, or cancelled?  YES  NO

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

MORTGAGEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**GENERAL CONTRACTOR**

Name (if not assured): \_\_\_\_\_ Years in Business: \_\_\_\_\_

List Project Manager's 3 recent large projects in past 5 years:

NAME	TYPE	LOCATION	VALUE
1.			
2.			
3.			

Is the General Contractor bonded?  YES  NO Member of Canadian Home Builder's Association:  YES  NO

CGL Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Details of all claims over \$5,000 by general contractor or developer during past 5 years: \_\_\_\_\_

Details of any loss control program to be implemented: \_\_\_\_\_

**PROJECT**

Is blasting or demolition involved?  YES  NO

If yes, will operations be completed prior to commencement of project?  YES  NO

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: \_\_\_\_\_

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

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

Address of Project: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

New Construction:  YES  NO Renovation:  YES  NO Is this a Heritage Building or Site?  YES  NO

If Renovation, complete RENOVATION QUESTIONNAIRE.

Value of existing structure: \$ \_\_\_\_\_ Cost of renovations: \$ \_\_\_\_\_

Of Stories: \_\_\_\_\_ No. of Buildings: \_\_\_\_\_ No. Of Units: \_\_\_\_\_ Attach site plan:  YES  NO

If more than one building, please advise value of each building and distance between each building: \_\_\_\_\_

**DESCRIPTION OF CONSTRUCTION**

WALLS		SIDING		FLOORS		TYPE OF ROOF		FOUNDATION	
Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Concrete	<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"/>
Fire Resistant	<input type="checkbox"/>	Fire Resistant	<input type="checkbox"/>	Fire Resistant	<input type="checkbox"/>	Tar and Gravel	<input type="checkbox"/>	Feet Below Grade: _____	
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Shakes	<input type="checkbox"/>		
						Other	<input type="checkbox"/>		

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Underground parking?  YES  NO How many levels of underground parking? \_\_\_\_\_  
 Hot Tar roofing:  YES  NO Torch on application:  YES  NO  
 If yes, describe procedure: \_\_\_\_\_

**ADJACENT STRUCTIONS (site plan if available)**

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

**COVERAGE (see worksheet)**

Insurance Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Hard Costs: \$ \_\_\_\_\_ (Replacement Cost to Rebuild: Labour, Materials)  
 Soft Cost: \$ \_\_\_\_\_ (Finance Costs, Leasing, Marketing, Legal, Accounting, Interest, Other Carrying Cost, Professional Fees, Etc.)  
 Delayed Opening: \$ \_\_\_\_\_ Limit per month \$ \_\_\_\_\_ Time Period: \_\_\_\_\_ months  
**T.I.V Sum Insured:** \$ \_\_\_\_\_ Deductible : \$ \_\_\_\_\_  
 Extension: Offsite/Transit coverage: \$ \_\_\_\_\_ Other Property to be insured? \$ \_\_\_\_\_  
 Describe: \_\_\_\_\_ Total Square footage \_\_\_\_\_ sq ft. Cost per Square foot: \$ \_\_\_\_\_

**If Flood is required:** Distance from nearest body of water: \_\_\_\_\_ Height above body of water: \_\_\_\_\_  
 Is it in a Federal Flood zone?  YES  NO  
 Perils Required:  All risk  Fire and EC  Deductible:  Flood / Earthquake  
 Start Date of foundations: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 If already started, complete PROJECT ALREADY STARTED QUESTIONNAIRE.

**PROTECTION**

Hydrant:  YES  NO Distance to fire hall: \_\_\_\_\_ km.  Volunteer  Fully paid  
 Private fire protections (sprinklers / extinguishers, water tanks etc): \_\_\_\_\_  
 If sprinklers, when will they be operational? \_\_\_\_\_  
 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 Watchmen?  YES  NO Monitored Alarm at lock up?  YES  NO  
 Soil type on building site:  Rock  Clay  Landfill  Other  
 Standard Construction Techniques:  YES  NO If no, explain: \_\_\_\_\_  
 Any past flood history at project site?  YES  NO  
 Explosion (detail use of any flammable or explosive materials): \_\_\_\_\_

**SUBCONTRACTORS (Proof of insurance \$1,000,000 CGL to be on file with the general contractor)**

Name of Framing Firm: \_\_\_\_\_ CGL insurer: \_\_\_\_\_  
 Name of Roofing Firm: \_\_\_\_\_ CGL insurer: \_\_\_\_\_  
 Name of Plumbing Firm: \_\_\_\_\_ CGL insurer: \_\_\_\_\_  
 Name of Heating Firm: \_\_\_\_\_ CGL insurer: \_\_\_\_\_  
 Name of Electrical Firm: \_\_\_\_\_ CGL insurer: \_\_\_\_\_  
 Name of Architecture Firm: \_\_\_\_\_  
 Name of Engineering Firm: \_\_\_\_\_  
 Name of Geo-technical Firm: \_\_\_\_\_  
 Project in compliance with geo-technical recommendations:  YES  NO If no, explain: \_\_\_\_\_  
 Any potential exposure to adjacent structures from excavating?  YES  NO If yes, explain: \_\_\_\_\_

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**TESTING**

Electrical / mechanical breakdown during commissioning:  YES  NO No. of wks: \_\_\_\_\_  
 Who will perform the testing operation? \_\_\_\_\_ Describe operation involved in testing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will installation involve used equipment?  YES  NO

**SECTION B: CGL AND WRAP-UP LIABILITY**

1. Total Estimated Project Value: \$ \_\_\_\_\_ (Attach breakdown if available)
2. Completed Operations Period:  12  24 months
3. Limits of Liability: \_\_\_\_\_ Deductible Options: \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_
4. a) Does the project attach to or communicate with an existing structure?  YES  NO  
 Manner in which structures will connect or communicate: \_\_\_\_\_  
 \_\_\_\_\_  
 b) Occupancy of existing structure during construction: \_\_\_\_\_  
 c) Business Interruption/Loss of use for damages to existing structure: \_\_\_\_\_  
 d) Is coverage required for damage to existing structure?  YES  NO
5. If any portion of the project will be occupied prior to completion, provide details (Period, Extent and Nature of Occupancy): \_\_\_\_\_  
 \_\_\_\_\_
6. Detail the exposures to the property (other than the project) resulting from demolition, blasting, pile driving, shoring, and underpinning. \_\_\_\_\_
7. Detail exposures to utilities, including relocation thereof (Both below and above grade): \_\_\_\_\_  
 \_\_\_\_\_
8. Describe any offsite operations or locations, which require insurance: \_\_\_\_\_  
 \_\_\_\_\_
9. 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): \_\_\_\_\_  
 \_\_\_\_\_
10. Detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three (3) years (owner, general contractor project/construction manager, Indicate Date, Amount, Nature of Claim): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTORS' EQUIPMENT PROPERTY**

Does the Applicant require property coverage for their equipment?  YES  NO  
 If yes, please go to [www.premiergroup.ca](http://www.premiergroup.ca) to complete the Contractors' Equipment Property application and send it to Premier

**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'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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