PREMIER canada

TRADES & CONTRACTORS – Demolition Questionnair

Name of Applicant: _____

Address: _____

1. Total Demolition Revenue: _____

2. Number of years of experience providing demolition services: _____

3. Approximately how many demolition projects have been done in the last 5 years: _____

4. Type of Demolition Performed: Exterior: _____ % Subcontracted: _____ %

Interior/Strip Out/Gutting: _____ % Subcontracted: _____ %

5. Types of Buildings: Dwellings: _____ % Other Residential: _____ % Commercial: _____ % Industrial: _____ %

6. Building Heights: 1-3 Stories: _____ % Over 3 Stories: _____ % What is their max stories: _____

7. Building Locations: City: _____ % Suburban: _____ % Rural: _____ %

8. Any demolition of partially occupied buildings? ☐ YES ☐ NO

If yes, please provide details? _____

9. Method of Demolition:

Please describe what tools/equipment are used to demolish: _____

Any Swing/wrecking balls used? ☐ YES ☐ NO Any explosives used? ☐ YES ☐ NO

10. Is the condition of nearby structures documented and photographed prior to demolition? ☐ YES ☐ NO

11. Are utilities shut off, disconnected and pipes drained in the areas that they are demolishing, stripping or gutting? ☐ YES ☐ NO

12. Do you or any of your staff provide any hazardous material removal services (lead, asbestos, mould, oil, etc…)? ☐ YES ☐ NO

If yes, what type of material: _____

If yes, please confirm certification and experience with hazardous material removal:

_____

13. Do you always obtain permits for structural demolition? ☐ YES ☐ NO

14. Do you obtain engineer sign off on all partial demolition projects? ☐ YES ☐ NO

(Please note that our policy will exclude pollution, we may be able to quote contractors pollution coverage through another program)

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.

_____ _____

Signature of applicant Date

_____ _____

Broker Name Date

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 - newbizcommercial@premiergroup.ca ****

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