

CONSTRUCTION RISKS APPLICATION

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Project Specific CGL Coverage for Construction Risks - Supplemental Application

Applicant's name (full legal name): _____

Mailing address: _____ City: _____ Province: _____ Postal Code: _____

Years in Business: _____ Describe your construction experience: _____

List your last five construction projects: _____

Name	Type	Location	Value
1.			
2.			
3.			
4.			
5.			

Current CGL Insurer: _____ Policy Number: _____

Details of all claims during past 5 years: _____

Have you ever had insurance refused, or cancelled? ☐ Yes ☐ No

If yes, please explain: _____

Project Specific Questions

Name of Owner: _____

Name of Project Manager: _____

Name of General Contractor: _____

Description of Project: _____

Address of Project: _____ City: _____ Province: _____ Postal Code: _____

Adjacent Structures (site plan if available)

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

Are all employees covered by W.C.B.? ☐ Yes ☐ No If no, Please explain: _____

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: _____

Distance to closest occupied area in feet? _____ Ft 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 Monitored Alarm to lock up? ☐ Yes ☐ No

On Site Watchman service (full-time 24/7): ☐ Yes ☐ No Security Patrol: ☐ Yes ☐ No

Soil Type on building site: Rock ☐ Clay ☐ Landfill ☐ Other ☐

Standard Construction Techniques ☐ Yes ☐ No If no, explain: _____

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

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

Manner in which structures will connect or communicate: _____

Occupancy of existing structure during construction: _____

If any portion of the project will be occupied prior to completion, provide details (Period, Extent and Nature of Occupancy)

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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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