

BUILDER'S RISKS – CGL INSURANCE APPLICATION

Name of Applicant: _____
 Address: _____
 Name of all Principals: _____
 Contact Name & Tel # for loss control inspection: _____
 Are you a member of your Provincial Home Builder's Association? Yes No
 Are you a member of your Provincial Home Warranty Program? Yes No
 Number of Employees: _____ Are all your employees covered by workers compensation? Yes No
 Years in Operation: _____ Years building homes: _____ Owner Operated? Yes No
 How many years have you been building homes in the current geographic area? Yes No
 Years in business under current name: _____
 List all business names used in past 5 years: _____
 Do you or have you done business outside of Canada? Yes No
 If yes, please explain: _____

Operations	Estimated Revenue
New housing residential construction (up to 4 plex)	
New Apartment construction	
Renovations	
Commercial	
Other – Describe:	

Gross Receipts for last 5 years:				
Year	Gross Receipts	Subcontract Costs	No. of employees	Payroll
Has your operation changed since it started (type of jobs you do):				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:				
Percentage of work that is typically delegated to a sub – contractor			%	
Is 100% of your work building new homes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Homes built in metropolitan areas:	%	Homes built in rural areas:	%	
Percentages of Homes are presold?	%	Do you build in existing subdivisions (infill housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all homes built within a 75 kms radius?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum construction cost of any home built?		\$		
Number of new home starts expected in next 12 months?				
Standard construction material used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Standard construction techniques used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Do you do any underground work (other than foundations)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all excavation work sublet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use explosives / any blasting?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure the sub-trade doing the excavation work has insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you manufacture any products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you do any design work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you do the landscaping?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the building envelopes repairing work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of stories you will perform work
Have you been involved or will you or your sub-contractors be involved in application or removal of asbestos, EYES or other hazardous materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep records of certificates & agreements with sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Length of time:

Has or will any of your work involve:

	Yes		Yes		Yes
Airports	<input type="checkbox"/>	Gas Stations	<input type="checkbox"/>	Radioactive Materials	<input type="checkbox"/>
Alarm installations	<input type="checkbox"/>	Logging	<input type="checkbox"/>	Work on ships	<input type="checkbox"/>
Asbestos Removal	<input type="checkbox"/>	Mine Work	<input type="checkbox"/>	Sprinkler System	<input type="checkbox"/>
Blasting / Explosives	<input type="checkbox"/>	Moving buildings	<input type="checkbox"/>	Tunnel Work	<input type="checkbox"/>
Bridge Work	<input type="checkbox"/>	Natural Gas Works	<input type="checkbox"/>	Waste sites	<input type="checkbox"/>
Building envelope	<input type="checkbox"/>	Petrol-Chemical plants	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Crane repairs	<input type="checkbox"/>	Pile driving	<input type="checkbox"/>	Piers / docks	<input type="checkbox"/>
Dam work	<input type="checkbox"/>	Pollutant clean-up	<input type="checkbox"/>	Hillsides / Land fills	<input type="checkbox"/>
Demolitions / wrecking	<input type="checkbox"/>	Propane facilities	<input type="checkbox"/>	Subsistence areas	<input type="checkbox"/>
Gas / Oil field work	<input type="checkbox"/>				

If yes, explain all activities in these areas:

If your company aware of any facts, circumstances, incidents, situations, damages. Or accidents (including but not limited to faulty workmanship, product failure, construction dispute, property damage, or construction worker injury that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, explain:

Current Carrier:	Policy #:
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Claims History last 5 years:

Date	Cause	Insurer	Paid or Reserve

Have you been cancelled, declined or refused renewal of your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, explain:

Has any licensing authority taken any action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, explain:

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Construction Risk Management

Risk management is important because it reduces the likelihood of a claim being successfully made against you. In calculating the premium, your risk management has a material influence on any terms offered by Premier Canada Assurance Managers Ltd. PLEASE COMPLETE THIS SECTION OF THE APPLICATION IN FULL. The following list included the causes of many claims made against contractors. To improve your defense against claims it is best practice to comply with the suggested frequency and also maintain a record of the checks that have taken place.

Dust and Debris and Painting	Suggested Frequency	
In respect of dust, debris and painting, do you:		
Minimize exposure to surrounding property and persons by maintaining perimeter screening and sheeting?	Before any work is started	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning Signs, lights and Barriers	Suggested Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No
In respect of all areas to which the public has access, do you:		
Place signs that clearly warn people of the existence of the works and those surfaces may be hazardous?	From the start of the works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clearly light the walkways and surrounding areas at times of poor visibility and during the hours of darkness?	From the start of the works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regularly check the works to ensure that the signs, barriers and lighting remain in place and working order?	Twice Daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure there are in place barriers of a strength and height sufficient to prevent a person tripping or falling into the excavation?	From the start of the works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surfaces and Obstructions	Suggested Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No
In respect of all areas to which the public has access, do you:		
Ensure that any floor covering is regularly checked to be safe, and uneven surfaces are kept to a minimum grade?	Twice Daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regularly check and remove any obstacle that could cause a person to trip and keep the surface of walkways even.	Twice Daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment	Suggested Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No
For your own equipment, do you:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check on regular basis that it is safe to operate?	Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits Required: \$	Deductible:	Target Premium: \$

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

Applicant's Name _____

Applicant's Signature _____

Date _____