



Builder's Risk Commercial General Liability (CGL)

Application



APPLICANT INFORMATION

Name: _____

Address: _____

Name of all principals: _____

Contact name and phone number for loss control inspection: _____

DETAILS

Are you a member of your Provincial Home Builder's Association? Y N

Are you a member of your Provincial Home Warranty Program? Y N

Number of Employees: _____ Are all your employees covered by workers compensation? Y N

Years in Operation: _____ Years building homes: _____ Owner Operated? Y N

How many years have you been building homes in the current geographic area: _____

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? Y N 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	# of employees	Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your operation changed since it started (type of jobs you do): Y N If yes, please explain:

Percentage of work that is typically delegated to a sub-contractor: _____ %

Is 100% of your work building new homes? Y N

Homes built in metropolitan areas: _____ %

Homes built in rural areas: _____ %

Percentages of homes are presold? _____ %

Do you build in existing subdivisions (infill housing)? Y N

Are all homes built within a 75 kms radius? Y N

What is the maximum construction cost of any home built? \$

Number of new home starts expected in next 12 months?

Standard construction material used? Y N

Standard construction techniques used? Y N

Do you do any underground work (other than foundations)? Y N

Is all excavation work sublet? Y N

Do you use explosives / any blasting? Y N

Do you ensure the sub-trade doing the excavation work has insurance? Y N

Do you manufacture any products? Y N Explain:

Do you do any design work? Y N

Do you do the landscaping? Y N

Are all the building envelopes repairing work? Y N

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? Y N

Do you keep records of certificates & agreements with sub-contractors? Y N If yes, length of time: _____

HAS OR WILL ANY OF YOUR WORK INVOLVE (select all that apply):

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

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?

Y N If yes, explain:

Current Carrier: _____ Policy #: _____

CLAIMS HISTORY LAST 5 YEARS:

Date	Cause	Insurer	Paid or Reserve
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been cancelled, declined or refused renewal of your insurance? Y N If yes, explain:

Has any licensing authority taken any action against you? Y N If yes, explain:

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, DEBRIS AND PAINTING

In respect of dust, debris and painting, do you:

Before any work is started – Minimize exposure to surrounding property and persons by maintaining perimeter screening and sheeting? Y N

WARNING SIGNS, LIGHTS AND BARRIERS

In respect of all areas to which the public has access, do you:

From the start of the work:

Place signs that clearly warn people of the existence of the works and those surfaces may be hazardous? Y N

Clearly light the walkways and surrounding areas at times of poor visibility and during the hours of darkness? Y N

Twice Daily – Regularly check the works to ensure that the signs, barriers and lighting remain in place and working order? Y N

From the start of the work – Ensure there are in place barriers of a strength and height sufficient to prevent a person tripping or falling into the excavation? Y N

SURFACES AND OBSTRUCTIONS

In respect of all areas to which the public has access, do you:

Twice Daily – Ensure that any floor covering is regularly checked to be safe, and uneven surfaces are kept to a minimum grade? Y N

Twice Daily – Regularly check and remove any obstacle that could cause a person to trip and keep the surface of walkways even. Y N

EQUIPMENT

For your own equipment, do you:

Ongoing – Check on regular basis that it is safe to operate? Y N

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.

Date: _____

Applicant's Name: _____ Applicant's Signature: _____