

Builders Risk Details

13. Total project value (hard costs* only):

Hard costs*: *(labour, materials, debris removal, professional fees that form part of the project)*

14. Project participants

Owner:

Project/construction manager:

General contractor:

Prime architectural/
engineering consultant:

Geo-technical engineer:

15. Project Manager/General Contractor/Owner experience in this type of work:

16. Construction details: Height of structure in stories:

Total building area (sq feet):

Is any work being done below grade?

Yes

No

Exterior walls:

Roof: Structure

Covering

Floors:

Structure

Covering

17. Is there any Hot/Torch on Roofing/Demolition or Welding on this project.

Yes

No

If 'yes', please provide details:

18. Site Security:

None

Fencing

Yes

Details:

Watchman service

Yes

Details:

Guard

Yes

Details:

CCTV

Yes

Details:

19. Surface operations: please indicate any subterranean work required.

Blasting:

Pile Driving:

Excavation:

Shoring:

Underpinning:

None:

Please explain any positive answers:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

| | |
|--|---------------|
| Signature(s) of All Named Insured(s) (only required if binding): | Full Name(s): |
| Position(s) Held at Insured: | Date: |

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or email the application to **quotes@abexinsurance.com**