



## Renovation Supplement

ABEX Affiliated Brokers Exchange Inc.  
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|  |              |
|--|--------------|
| Broker Name:                               | Contact:     |
| Address:                                   |              |
| Policy Number (for renewal purposes only): | Broker Code: |

1. Please advise:

|                            |                     |
|----------------------------|---------------------|
| Full Name of all Insureds: | Name of Principals: |
| Mailing Address:           |                     |

2. Name of Project:

3. Address/Location of Project:

4. Description of Project:

5. Pre-renovation Value:

6. Cost of Renovations:

7. Post-renovation Value (supported by EZItv or BVS):

8. Renovation Period: From: \_\_\_\_\_ To: \_\_\_\_\_

9. Project Participants

Owner:

Project/Construction Manager:

General Contractor:

Prime Architectural/Engineering Consultant:

Geo-technical Engineer:

10. Any losses for any project participants in the last 3 years?                      Yes                      No

If "yes", please describe:

11. Does the General Contractor have a current CGL with a minimum \$2 Million Liability?

Yes

No

If "yes", what is the CGL expiry date:

12. What experience does the General Contractor have with this type of work?

13. Describe any structural changes:

14. Subsurface Operations:

*Describe nature, duration, value and relationship to both the project and to adjacent properties.*

Blasting:

Shoring:

Pile Driving:

Underpinning:

Excavation:

15. Will utilities be maintained during renovation/addition?  Yes  No

If "no", please provide details:

16. Will the building be occupied during renovation/addition?  Yes  No

If "yes", please provide details:

17. Will debris be removed daily?  Yes  No

If "yes", please provide details:

18. Will any stories be added?  Yes  No

If "yes", please provide details:

19. Is this a designated heritage building?  Yes  No

If "yes", please provide details:

20. Has the renovation already started?  Yes  No

If yes, please answer the following questions:

- When did the renovation start?
- Why was insurance not placed when the renovation started?
  
- Have there been any reported claims or losses on this renovation?  Yes  No  
If "yes", please provide details:
  
- What has been done so far:

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.

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

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

\*

\* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to [quotes@abexinsurance.com](mailto:quotes@abexinsurance.com) or fax it to 1-855-821-7060.