



Building Undergoing Renovation Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	Broker contact:
Broker address:	Email:
Named insured:	Broker code:
Mailing address:	Effective date: Renovation period:
Location address:	
Loss payee(s):	
Loss payee(s) address:	
Other policies with ABEX:	

1. Underwriting Details

How long has the property been vacant?	If vacant more than 12 months, what is the property's current market value?
Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Additional Comments' section</i>	Hydrant within 300 meters?
Yes No	Yes No
Total amount of mortgages/encumbrances: \$	Firehall within 8 Kms?
Are any of your mortgages/liens/encumbrances or property tax payments in arrears?	Is it a volunteer firehall?
Yes No If "yes", the total amount: \$	Yes No

2. Construction Details

Year built		Building area in sq. feet	
No of Stories		Construction	
	Type	Year Updated	
Electrical			
Amperage			
Plumbing			
Heating			
Roof			

Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	Yes No
Private Protections Yes No	
Fire Alarm	<input type="checkbox"/> <input type="checkbox"/>
Burglar Alarm	<input type="checkbox"/> <input type="checkbox"/>
Monitored	<input type="checkbox"/> <input type="checkbox"/>

Comments:

Have there been losses or claims by the applicant in the last 5 years?					Yes	No
Date of loss	Detailed description of loss	Amount paid	Open / Closed?	Preventative measures in place?		

Description of Project (including any structural changes):

Coverage	Limits Required	Deductible
Building(s) Post-renovation Value (supported by EZItv or BVS)	\$	
Outbuilding(s) **	\$	
Contents (if Contents Coverage required): What are the Contents? Where are the Contents being stored?	\$	
Soft Costs	\$	
Sewer Back Up	\$	
Liability	\$	

****No cover given for outbuildings unless a limit is shown on the policy.****

Project Participants
 General Contractor:
 Prime Architectural/
 Engineering Consultant:

Any losses for any project participants in the last 3 years? Yes No
 If "Yes", please describe:

Does the General Contractor have a current CGL with a minimum \$2 Million Liability? Yes No
 If "Yes", what is the CGL expiry date?

What experience does the General Contractor have with this type of work:

Surface Operations: Describe nature, duration, value and relationship to both the project and to adjacent properties.
 Blasting:
 Shoring:
 Pile Driving:
 Underpinning:
 Excavation:

Will utilities be maintained during renovation/addition?	Yes	No	
If "No", please provide details:			
Will the building be occupied during renovation/addition?	Yes	No	
If "Yes", please provide details:			
How often will debris be removed?	Daily	Weekly	Other:
Will there be a bin on site?	Yes	No	
Will any stories be added?	Yes	No	
Is this a designated heritage building?	Yes	No	
If "Yes", please provide details:			
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?			
What has been done so far?			
Additional Comments:			

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 Insureds (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 Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.