



**Blanket Builder's Risk Application - RENEWAL**

ABEX Affiliated Brokers Exchange Inc.  
139 Northfield Dr. W., Suite 206  
Waterloo, ON N2L 5A6  
(p) 519-880-0044 (f) 1-855-821-7060  
[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)  
[www.abexinsurance.com](http://www.abexinsurance.com)

Broker Name:		Contact:	
Address:			
Policy Number (for renewal purposes only):	Effective Date:	Broker Code:	

1. Please advise:

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

2. Number of years in business:

3. Is the risk located in an active flood zone?                      Yes              No

4. Is the risk located within 50 kms of an active fire zone?                      Yes              No

5. Claims History - Losses sustained during the last five years:

DATE	LOCATION	CAUSE	AMOUNT OF LOSS

6. Are you a member of your local Home Builders Association?                      Yes              No

7. Have you won any building awards on a local, regional, provincial or national level?

8. Are all of your buildings designed by a professional architect or engineer?

Yes No

Contract Value:

Soft Costs \$

Hard Costs \$

Cathastrophe limit any one loss \$ (Minimum \$10,000)

Deductible required \$

9. Any ongoing construction at beginning of policy term?

10. BUILDING PROJECTS – Residential Unit projects to be built in the next year:

PLEASE COMPLETE FOLLOWING SCHEDULE AND ATTACH SITE PLAN								
Location or Lot	Start Date	Finish Date	Exterior Constr.	Height (stories)	Type*	# of Units	Build Time per unit	Estimated Cost per Unit

\*SF - Single Family, SFSD – Single Family Semi-Detached, MU – Multi Unit; For MU, please advise number of units per building.

11. Are SUB-CONTRACTORS used on the projects?    Yes    No

If yes, indicate percent of project work done by sub-contractors        %.

Indicate the names of the sub-contractor(s) and the percent of the project for the following trades:

Trade	Name Of Contractor(s)	Percent of Project
Electrical		%
Plumbing		%
Heating		%
Structural "Framing"		%
Foundation		%
Roofing		%
Other:		%
	Total All Sub-Contractors	%

NOTE: Certificates of liability must be obtained from all sub-contractors with Minimum Liability Limits of \$2 million.

12. Number of Units per Firebreak:                    (Firebreak defined as 15 m separation.)

13. Public Fire Protection:

Number of Fire Hydrants within 300 m:

Distance to nearest fire hall:                    km

14. All trades including sub trades required to provide and maintain portable fire extinguishers where they are working?    Yes    No

If no please explain:

15. Does site manager make regular and RECORDED site safety inspections?    Yes    No

16. Site Security:

Fencing	Yes	No	Details:
Watchman Service	Yes	No	Details:
Guard	Yes	No	Details:
CCTV	Yes	No	Details:

17. How is site garbage minimized?

18. Describe any temporary heating equipment used and precautions taken:

19. Do you build 'spec' homes?    Yes    No    IF YES, HOW MANY:

20. How many model homes at any one time:

How long are they model homes?

21. Once construction is complete, are the model/inventory homes to be covered under this policy?

22. PLEASE INDICATE ANY SUBTERRANEAN WORK REQUIRED:

- Blasting
- Shoring
- Pile Driving
- Underpinning
- None

23. Professional Information

Loc. #	Construction Manager	General Contractor	Architectural Consultant/Engineer	Geotechnical Engineer

24. Year End Adjustment Data:

Lot/Location	Start Date	Finish Date	Completed Construction Cost

*Table continued on next page*

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Lot/Location	Start Date	Finish Date	Completed Construction Cost

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