



Blanket Builder's Risk Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:					Broker contact:								
Broker address:					Email:								
Broker code:			Policy Number (for renewal purposes only):			Effective Date:							
Full names of all Insureds:													
Names of Principals:													
Mailing address:													
Underwriting Details													
Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>			Yes		No		Is the risk located in an active fire zone? <i>If 'yes', we'd decline</i>			Yes		No	
Have there been losses or claims by the applicant in the last 5 years?						Yes			No				
Date of loss		Location			Cause of Loss					Amount of Loss			
Number of years in business:				Are you a member of your local Home Builders Association?				Yes		No			
List any building awards won on a local, regional, provincial or national level?													
Are all of your buildings designed by a professional architect or engineer?					Yes		No						
Contract Value: Soft costs \$		Hard costs \$			Catastrophe limit any one loss \$ (Minimum \$10,000)			Deductible \$ required					
Any ongoing construction at beginning of policy term?													
BUILDING PROJECTS – List Residential Unit projects to be built in the next year. Please complete the following schedule and attach site plan:													
Location or Lot	Start Date	Finish Date	Exterior Const.	Height (stories)	Type: SF - Single Family, SFSD – Single Family Semi-Detached, MU – Multi Unit; For MU, please advise number of units per building.	Number of Units	Build time per Unit	Estimated Cost per Unit					

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(s) 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.

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

Public Fire Protection: Number of fire hydrants within 300 m: Distance to nearest fire hall: km

Are trades, including sub trades, required to provide and maintain portable fire extinguishers where they are working? Yes No

If 'no' please explain:

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

Site Security:

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

How is site garbage minimized?

Describe any temporary heating equipment used and precautions taken:

Do you build 'spec' homes? Yes No If 'yes', how many:

How many model homes at any one time: How long are they model homes?

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

Surface operations: please indicate any subterranean work required.

Blasting	Pile Driving	Excavation
Shoring	Underpinning	None

Please explain any positive answers:

Is Equipment Breakdown required? Yes No

Professional Information:				
Location #	Construction Manager	General Contractor	Architectural Consultant/Engineer	Geo-technical Engineer
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**