



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
quotes@abexinsurance.com
www.abexinsurance.com

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
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Have there been losses or claims by the applicant in the last 5 years?	Yes	No
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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
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List any building awards won on a local, regional, provincial or national level?
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Are all of your buildings designed by a professional architect or engineer?	Yes	No
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Contract Value: Soft costs \$	Hard costs \$	Catastrophe limit any one loss \$ (Minimum \$10,000)	Deductible \$ required
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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: Firehall within 8 kms?		Yes	No	Is it a volunteer firehall?		Yes	No	Operational hydrant within 300 meters:		Yes	No
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								

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**