



Builder's Risk Application

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Is the property undergoing any renovation:	Yes	No	If yes, please complete Building Undergoing Renovation application INSTEAD. It can be found at www.abexinsurance.com/applications	
Brokerage:			Broker code:	
Broker contact:			Email:	
Broker address:			Policy Number (for renewal purposes only)::	
Full name of all Insureds:			Name of Principals:	
Mailing address:				
Address/location of project:				
Mortgagee(s):				
Mortgagee(s) address:				
Underwriting Details				
1. Policy term:	From:	To:	Current Carrier:	Expiry Date:
2. Description of project:				
3. Total project value (attach breakdown in values):		Hard costs*:		<i>(labour, materials, debris removal, professional fees that form part of the project)</i>
Soft costs:		<i>Finance costs - commitment fees, standby fees, land rent, letters of credit, construction loan fees; additional interest expenses - monies charged for extension/renewal of loans; leasing and marketing expenses; legal and accounting expenses; other carrying costs - property taxes, building permits, insurance premiums)</i>		
* Note: Architectural & engineering fees are considered a hard cost for the purpose of the Soft Cost Endorsement.				
Details on soft costs:				
4. Project participants				
Owner:				
Project/construction manager:				
General contractor:				
Prime architectural/ engineering consultant:				
Geo-technical engineer:				
5. Project Manager/General Contractor/Owner experience in this type of work:				

6. Does the General Contractor have a current CGL with a minimum \$2 million liability?		Yes	No		
If "Yes", what is the CGL expiry date?					
7. Any losses for General Contractor in the last 5 years?		Yes	No		
If "Yes", please describe:					
8. Is the lot bigger than 1 acre?	Yes	No	If 'yes', how many acres:	Is this leased land?	Yes No
9. Have building permits been issued?	Yes	No	<i>If yes, please provide a copy of the building permits.</i>		
10. Has construction already started?	Yes	No	If yes, please answer the questions below:		
What was the date framing for the foundations was started?					
What work has been completed so far?					
Why was insurance not placed at the time construction started?					
Are there any known or reported claims or losses to this project?					
Are there any potential liens on the property?					
11. Construction details: Height of structure in stories:			Total building area (sq feet):		
Is any work being done below grade?	Yes	No	Exterior walls:		
Roof:	Structure	Covering	Floors:	Structure	Covering
12. Fire protection: Firehall within 8 kms?	Yes	No	Is it a volunteer firehall?	Yes	No
				Operational hydrant within 300 meters:	Yes No
Will the project be sprinklered?	Yes	No	If yes, when will the sprinkler system be in operation?		
13. Describe any temporary heating equipment used and precautions taken:					
14. Site Security:					
Fencing	Yes	No	Details:		
Watchman service	Yes	No	Details:		
Guard	Yes	No	Details:		
CCTV	Yes	No	Details:		
15. Surface operations: please indicate any subterranean work required.					
Blasting:	Pile Driving:	Excavation:			
Shoring:	Underpinning:	None:			
Please explain any positive answers:					

16. Flood exposure: Is the risk located in an active flood zone? Yes No

Nearest body of water - Name: Distance in km:

Past flood history at site:

17. Fire exposure: Is the risk located within 50 kms of an active fire zone? Yes No

18. Is Wrap-up Liability required? Yes No If "yes", please complete **Wrap-Up Liability Supplement** found at abexinsurance.com/applications*
**Caution: Link opens in same window, save your work first.*

19. Is Equipment Breakdown required? Yes No

20. 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?

21. 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 a different browser or save and email the application to **quotes@abexinsurance.com**