



**Builders Risk Details**

13. Total project value (hard costs\* only):

Hard costs\*: *(labour, materials, debris removal, professional fees that form part of the project)*

14. Project participants

Owner:

Project/construction manager:

General contractor:

Prime architectural/  
engineering consultant:

Geo-technical engineer:

15. Project Manager/General Contractor/Owner experience in this type of work:

16. 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

17. Is there any Hot/Torch on Roofing/Demolition or Welding on this project.

Yes

No

*If 'yes', please provide details:*

18. Site Security:

Fencing

Yes

No

Details:

Watchman service

Yes

No

Details:

Guard

Yes

No

Details:

CCTV

Yes

No

Details:

19. Surface operations: please indicate any subterranean work required.

Blasting:

Pile Driving:

Excavation:

Shoring:

Underpinning:

None:

Please explain any positive answers:

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**