

Blanket Builder's Risk Application

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Brokerage:							Broker contact:							
Broker address:								Email:						
Broker code: Policy Number (for renewal purposes only): Effective Date:														
Full names of a	all Insureds:													
Names of Princ	ipals:													
Mailing address	s:													
Underwriting	Details													
1. Is the risk lo flood zone? <i>If</i> 'y			Yes				n an activ e'd declin		Yes	No	Is this lea	sed land?	Yes	No
2. Have there b	peen losses	or claims	by the app	plicant in the last 5	years?		,	Yes	l	No				
Date of loss	Location	ı			Caus	e of Lo	oss						Amount	of Loss
3. Number of years in business: Are you a member of your local Home Builders Association? Yes No														
4. List any build local, regional,														
5. Are all of you	ur buildings	designed	d by a profe	essional architect o	r engine		Yes		No			D. J	91.1. A	
Contract Valu	e: Soft cost	s \$		Hard costs \$			Catastro (Minimur			e loss \$		Deduct require		
6. Any ongoing	constructio	n at begi	nning of po	olicy term?										
7. Have building	g permits be	een issue	ed?	Yes No	If y	es, pleas	se provide	е а сору	of the bu	uilding perm	its.			
8. BUILDING PI	ROJECTS -	List Resid	dential Unit	projects to be buil	t in the		1		lete the		chedule and	attach site	e plan:	Number of
Location or Lot		Start Date	Finish Date	Exterior Construction	(Height (stories)	Type*: (see legend below table)	Square Ft	Number of Units	Build time /Unit	Estimated Cost/Unit	Hydrant (within 300 m) Yes/No	Firehall (within 8 km) Yes/No	Number of units per Firebreak* *15 m separation
*Type: SF - Single	Family SESE) – Single	Family Semi	-Detached MII - Mult	ti Unit· F	or MII r	l Jease advi	ise numbe	r of units	ner building				

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9. Are SUB-CONTRACTORS Indicate the names of the			No If 'yes', indicate percent of project work done by recent of the project for the following trades:	y sub-contractors: %.	
Trade	Name(s) of C	ontractor(s)		Percent of Project	-
Electrical					
Plumbing					
Heating					
Structural "Framing"					-
Foundation					
Roofing					-
Other:					
	Total All Sub-C	ontractors			-
NOTE: Certificates of liability	must be obtained	ed from all sub	o-contractors with Minimum Liability Limits of \$2 million.		
10. Are trades, including su	b trades, require	d to provide a	nd maintain portable fire extinguishers where they are working?	Yes No	
If 'no' please explain:					
11. Does site manager mak	e regular and REG	CORDED site s	safety inspections? Yes No		
12. Site Security: None	e				
Fencing	Yes	Details:			
Watchman service	Yes	Details:			
Guard	Yes	Details:			
CCTV	Yes	Details:			
13. How is site garbage min	imized?				
14. Describe any temporary equipment used and precau					
15. Do you do any torch on	roof work?	Yes	No		
16. Do you build 'spec' hom	es? Yes	No	If 'yes', how many:		
17. How many model home	s at any one time	:	How long are they model homes?		
Once construction is comple	te, are the mode	l/inventory ho	omes to be covered under this policy?		
18. Surface operations: plea	se indicate any s	ubterranean v	work required.		
Blasting	Pile Driving		Excavation		
Shoring	Underpinning		None		
Please explain any positive a	answers:				
19. Is Equipment Breakdow	n required?	Yes	No		

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ocation #	Construction Manager	General Contractor		Architectural Consultant/Engineer	Geo-technical Engineer				
1. Additional	comments:								
aterial fact. I,	we declare that after proper enquiry th /we agree that this Application Form, t	ogether with any other mate	erial inforn	nation supplied by me/us shall form t	he basis of any contract of insurance				
ou to collect,	on. I/we undertake to inform Underwr use and disclose personal information	as permitted by law, in conn	ection wit	h your commercial insurance policy o	r a renewal, extension or variation				
	e purposes necessary to assess the risk				nformation and claims history.				
Signature	(s) of All Named Insureds (only req	uirea ii binaing).	Full Name(s):						
Position(s	s) Held at Insured:		Date:						
	Absolutel	y NO COVERAGE is giv	ven by tl	nis application form.					
	Coverage is on	ly given upon written	confirma	tion of binding from ABEX.					
This Section is For Broker Use Only									
*									
* 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 email the application to quotes@abexinsurance.com									
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20. Professional Information:

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