



Blanket Building Undergoing Renovation Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:		Broker code:	Broker contact:												
Broker address:		Email:													
Named insured(s):		Principal(s):													
Mailing address:															
Location address:															
Mortgagee(s):															
Mortgagee(s) address:															
Renovation period:		Other policies with ABEX:													
Policy Term: From:	To:	Current Carrier:	Expiry Date:												
1. Underwriting Details															
Have building permits been issued?	Yes	No	<i>Please provide a copy of the Building Permits</i>												
How long has the property been vacant?		What is the property's current market value?													
Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Additional Comments' section</i>		Yes	No												
Total amount of mortgages/encumbrances: \$		Hydrant within 300 meters?													
Are any of your mortgages/liens/encumbrances or property tax payments in arrears?		Firehall within 8 Kms?													
Yes	No	Is it a volunteer firehall?													
If "yes", the total amount: \$		Is this leased land?													
2. Construction Details		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>													
Year built		Building area in sq. feet													
No of Stories		Construction													
	Type	Year Updated	Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>												
Electrical Wiring & Amperage			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>												
Breakers or Fuses			Does the building have a heritage designation? <i>If 'yes', is the designation with respect to façade/ exterior only? If interior designation, we'd decline.</i>												
Plumbing			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Private Protections</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Fire Alarm</td> <td></td> <td></td> </tr> <tr> <td>Burglar Alarm</td> <td></td> <td></td> </tr> <tr> <td>Monitored</td> <td></td> <td></td> </tr> </table>	Private Protections	Yes	No	Fire Alarm			Burglar Alarm			Monitored		
Private Protections	Yes	No													
Fire Alarm															
Burglar Alarm															
Monitored															
Heating															
Supplementary Heating															
Roof															
3. 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?												

4. Description of project (include description of all projects).
 Any structural changes must be noted here. Please provide the Architect/Engineer who prepared the drawings in the Project Participants - question 10 below:

Describe any work being done below grade, for any projects:

Is any torch on roof work being done? Yes No

5. Are all of your buildings designed by a professional architect or engineer? Yes No

Catastrophe limit any one loss \$ (Minimum \$10,000) Deductible required \$

6. Any ongoing construction at beginning of policy term?

7. 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 Construction	Height (stories)	Type*: (see legend below table)	Square Ft	Reno time in months	Post Reno Value per ITV/BVS	Hydrant (within 300 m) Yes/No	Firehall (within 8 km) Yes/No

***Type:** SF - Single Family, SFSD - Single Family Semi-Detached, MU - Multi Unit; For MU, please advise number of units per building.

8. 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(s) 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.

9. Is Liability coverage required?	Yes	No	Limit of Liability \$:
10. Project Participants			
General Contractor:			
Prime Architectural/ Engineering Consultant:			
11. Any losses for any project participants in the last 5 years?	Yes	No	
If "Yes", please describe:			
12. Does the General Contractor have a current CGL with a minimum \$2 Million Liability?	Yes	No	
If "Yes", what is the CGL expiry date?			
What experience does the General Contractor have with this type of work:			
13. Surface Operations: Describe nature, duration, value and relationship to both the project(s) and to adjacent properties.			
Blasting:			
Shoring:			
Pile Driving:			
Underpinning:			
Excavation:			
14. Will utilities be maintained during renovation/addition?	Yes	No	
If "No", please provide details:			
15. Will the building be occupied during renovation/addition?	Yes	No	
If "Yes", please provide details:			
16. Any other insurance policies in place for the building(s)?	Yes	No	If "Yes", provide details:
17. How often will debris be removed?	Daily	Weekly	Other:
Will there be a bin on site?	Yes	No	
18. Will any stories be added?	Yes	No	
19. Is this a designated heritage building?	Yes	No	
If "Yes", please provide details:			

20. Has the renovation already started? Yes No

If "Yes", please answer the following questions:

When did the renovation start?

Why was insurance not placed when the renovation started?

What has been done so far?

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 email the application to **quotes@abexinsurance.com**