



# 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:		
<b>1. Underwriting Details</b>					
Have building permits been issued?		Yes	No	<i>Please provide a copy of the Building Permits</i>	Expected budget for renovations:
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	Hydrant within 300 meters?	<b>Yes No</b>
Total amount of mortgages/encumbrances: \$		Firehall within 8 Kms?			
Are any of your mortgages/liens/encumbrances or property tax payments in arrears? Yes No If "yes", the total amount: \$		Is it a volunteer firehall?			
<b>2. Construction Details</b>					
Year built		Building area in sq. feet			
No of Stories		Construction			
	<b>Type</b>	<b>Year Updated</b>			
Electrical Wiring & Amperage					
Breakers or Fuses					
Plumbing					
Heating					
Supplementary Heating					
Roof					
Is this leased land?					
Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>					
Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>					
Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>					
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>					
		<b>Private Protections</b>	<b>Yes</b>	<b>No</b>	
		Fire Alarm			
		Burglar Alarm			
		Monitored			
<b>3. Have there been losses or claims by the applicant in the last 5 years?</b>					
		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.**

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