

Is the property undergoing any	renovation: Yes No		omplete <b>Building Undergoing Renovation</b> application INSTEAD. 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:		ļ	
Address/location of project:			
Mortgagee(s):			
Mortgagee(s) address:			
	Under	writing Details	
1. Policy term: From:	To:	Current Carrie	er: Expiry Date:
2. Description of project:			
3. Total project value (attach bre	eakdown in values):	Hard costs*	*: (labour, materials, debris removal, professional fees that form part of the project)
Soft costs:	expenses - monies charged fo expenses; other carrying cost	or extension/renewal of lo ts - property taxes, buildi	rent, letters of credit, construction loan fees; additional interest loans; leasing and marketing expenses; legal and accounting ling permits, insurance premiums) 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 Cont	tractor/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   Any torch on work?   Yes   No   Floors: Structure   Covering
12. Fire protection: Firehall within 8 kms? Yes No Is it a volunteer firehall? Yes No Within 300 meters: Yes No
Will the project be sprinklered?YesNoIf yes, when will the sprinkler system be in operation?
13. Describe any temporary heating equipment used and precautions taken:
14. Site Security: None
Fencing Yes Details:
Watchman service Yes Details:
Guard Yes Details:
CCTV Yes Details:
15. Surface operations: please indicate any subterranian work required.
15. Surface operations: please indicate any subterranian work required. Blasting: Pile Driving: Excavation:

16. Flood exp	oosure: Is the risk located in an active flood zone?	Yes No		
Nearest body	v of water - Name:			Distance in km:
Past flood his	story at site:			
17. Fire expo	osure: Is the risk located within 50 kms of an active fire zone	e? Yes	No	
18. Is Wrap-u			Liability Application for the second se	ound at abexinsurance.com/applications*
19. Is Equipn	nent Breakdown required? Yes No			
20. Have the	re 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. Additiona	l 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.

Full Name(s):
Date:

## Absolutely <u>NO COVERAGE</u> 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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* n	If clicking on <b>Submit</b> button above doesn't bring up a new email with this application attached to it, lease try using a different browser or save and email the application to <b>quotes@abexinsurance.com</b>			