



ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres., Suite 304
Cambridge, ON N1T 1J5
(p)519-880-0044
quotes@abexinsurance.com
www.abexinsurance.com

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	
			Please provide a copy of the Building Permits		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?			Yes		No	
If 'yes', please explain in 'Additional Comments' section					Hydrant within 300 meters?	
Total amount of mortgages/encumbrances: \$					Firehall within 8 Kms?	
Are any of your mortgages/liens/encumbrances or property tax payments in arrears?					Is it a volunteer firehall?	
Yes			No		If "yes", the total amount: \$	
2. Construction Details						
Year built				Building area in sq. feet		
No of Stories				Construction		
		Type		Year Updated		
Electrical Wiring & Amperage						
Breakers or Fuses						
Plumbing						
Heating						
Supplementary Heating						
Roof						
Is this leased land?						
Is the lot bigger than 1 acre?						
If 'yes', how many acres?						
Is the risk located in an active flood zone?						
If 'yes', we'd decline						
Is the risk located within 50 kms of an active fire zone?						
If 'yes', we'd decline						
Does the building have a heritage designation?						
If 'yes', is the designation with respect to façade/ exterior only?						
If interior designation, we'd decline.						
Private Protections		Yes		No		
Fire Alarm						
Burglar Alarm						
Monitored						
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 (any structural changes must be noted here. Please provide the Architect/Engineer who prepared the drawings in the Project Participants - section 6 below):

Describe any work being done below grade:

Is any torch on roof work being done? Yes No

5. Coverage	Limits Required	Deductible
Building(s) Post-renovation Value (supported by EZItv or BVS)	\$	
Outbuilding(s) ** <i>**No cover given for outbuildings unless a limit is shown on the policy.</i>	\$	
Contents (if Contents Coverage is required): What are the Contents? Where are the Contents being stored?	\$	
Soft Costs	\$	
Liability	\$	
Requested limit for Sewer Back Up	\$	

Is equipment breakdown required? Yes No

6. Project Participants

General Contractor:

Prime Architectural/
Engineering Consultant:

7. Any losses for any project participants in the last 5 years? Yes No

If "Yes", please describe:

8. 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:

9. Surface Operations: Describe nature, duration, value and relationship to both the project and to adjacent properties.

Blasting:

Shoring:

Pile Driving:

Underpinning:

Excavation:

10. Will utilities be maintained during renovation/addition?	Yes	No	
If "No", please provide details:			
11. Will the building be occupied during renovation/addition?	Yes	No	
If "Yes", please provide details:			
12. Any other insurance policies in place for this building?	Yes	No	If "Yes", provide details:
13. How often will debris be removed?	Daily	Weekly	Other:
Will there be a bin on site?	Yes	No	
14. Will any stories be added?	Yes	No	
15. Is this a designated heritage building?	Yes	No	
If "Yes", please provide details:			
16. 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?			
17. 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

*

* 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**