



# Builder's Risk Application

ABEX Affiliated Brokers Exchange Inc.  
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Is the property undergoing any renovation:	Yes	No	If yes, please complete <b>Building Undergoing Renovation</b> application INSTEAD. It can be found at <a href="http://www.abexinsurance.com/applications">www.abexinsurance.com/applications</a>
Brokerage:			Broker code:
Broker contact:			Email:
Broker address:			Policy Number (for renewal purposes only)::
Full name of all Insureds:			Name of Principals:
Mailing address:			
Address/location of project:			
Loss payee:			
Loss payee address:			
<b>Underwriting Details</b>			
1. Policy term: From _____ To _____			
2. Description of project:			
3. Total project value (attach breakdown in values): _____ Hard costs*: _____ <i>(labour, materials, professional fees that form part of the project)</i>			
Soft costs: _____ <i>Finance costs - commitment fees, standby fees, land rent, letters of credit, construction loan fees; additional interest expenses - monies charged for extension/renewal of loans; leasing and marketing expenses; legal and accounting expenses; other carrying costs - property taxes, building permits, insurance premiums</i>			
* Note: Architectural & engineering fees are considered 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 Contractor/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 3 years?		Yes	No
If "Yes", please describe:			
8. 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?			
On what date did the municipality issue the building permit?			
9. Construction details: Height of structure in stories		Total building area (sq feet):	
Exterior walls:			
Roof:	Structure	Covering	Floors: Structure Covering
10. Fire protection: Distance to nearest Fire Department (km):		Hydrants (operational):	Number within 300 meters:
Will the project be sprinklered?	Yes	No	If yes, when will the sprinkler system be in operation?
11. Describe any temporary heating equipment used and precautions taken:			
12. Site Security:			
Fencing	Yes	No	Details:
Watchman service	Yes	No	Details:
Guard	Yes	No	Details:
CCTV	Yes	No	Details:
13. Surface operations: please indicate any subterranean work required.			
Blasting:	Pile Driving:	Excavation:	
Shoring:	Underpinning:	None:	
Please explain any positive answers:			

14. Flood exposure:

Nearest body of water: Name

Distance in km:

Past flood history at site:

15. Is Wrap-up Liability required?            Yes            No

If "yes", please complete **Wrap-Up Liability Supplement** found at [www.abexinsurance.com/applications](http://www.abexinsurance.com/applications) \*  
**\*Caution: Link opens in same window, save your work first.**

16. 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 Names 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.**

\*

\* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to [quotes@abexinsurance.com](mailto:quotes@abexinsurance.com) or fax it to 1-855-821-7060.