

# Blanket Builder Risk Application



*The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.***

### 1. Broker Information

Brokerage: Broker ID:  
 Broker Address: City: Province: Postal Code:  
 Broker Contact: Broker Email:

### 2. Applicant Information

Full Name of all Insureds:  
 Names of Principals:  
 Mailing Address: City: Province: Postal Code:  
 Project Location: City: Province: Postal Code:  
 Effective Date: Policy Term: [12-Month Term] Other Policies with ODIS:

### 3. Project Management:

|   |                                |    |  |
|---|--------------------------------|----|--|
| Number of years of construction experience:   | Number of years in business:   |    |  |
| Are all buildings designed by a professional architect or engineer?                           | Yes                            | No |  |
| Any ongoing construction at beginning of policy term?   | Yes                            | No |  |
| How many model homes at any one time:   | How long are they model homes? |    |  |
| Once construction is complete, are the model/inventory homes to be covered under this policy? | Yes                            | No |  |

### 4. Project Cost and Schedule (Blanket Coverage for Residential Builders (Single Family, Duplex, Triplex, Fourplex or Townhouse Units))

|  |     |                      |  |
|--|-----|----------------------|--|
| Total value of dwellings or townhouse units to be built in next 12 months: |     |                      |  |
| Number of dwellings or townhouse units to be built in next 12 months:      |     |                      |  |
| Average cost to build each dwelling or townhouse unit:                     |     |                      |  |
| Average time to build each dwelling or townhouse unit:                     |     |                      |  |
| Number of units currently under construction:                              |     | Percentage Pre-Sold: |  |
| Is Equipment Breakdown required?   | Yes | No                   |  |

#### Townhouse Units Specific:

|   |  |  |  |
|---|--|--|--|
| Maximum number of townhouse units in one building:  |  |  |  |
| Total value of townhouse units in one building:     |  |  |  |
| Limits of Coverage for one building (Policy Limit): |  |  |  |

**Catastrophe Limit (Policy Loss Limit):** Maximum Loss from a single event:

### 5. Fire Protection

|                    |     |    |                       |     |    |                    |     |    |
|--------------------|-----|----|-----------------------|-----|----|--------------------|-----|----|
| Hydrant with 300 m | Yes | No | Firehall within 8 kms | Yes | No | Volunteer Firehall | Yes | No |
|--------------------|-----|----|-----------------------|-----|----|--------------------|-----|----|

| 6. Project Information   |  |              |  | Yes          | No | 7. Sub-Contractors  |                    |  |                    | Yes | No |
|--|--|--------------|--|--------------|----|---|--------------------|--|--------------------|-----|----|
| Have building permits been issued?   |  |              |  |              |    | Are Sub-contractor used on the project?   |                    |  |                    |     |    |
| Is any torch on roof work being done?  |  |              |  |              |    | Are all trades required to provide and maintain portable fire extinguishers where they are working? |                    |  |                    |     |    |
| Do you build 'spec' homes?<br><i>*If 'yes', how many?</i>  |  |              |  |              |    | <b>Names and percent of project work done by sub-contractors:</b>                                   |                    |  |                    |     |    |
| Does site manager make regular and RECORDED site safety inspections?   |  |              |  |              |    | Trade   | Name of contractor |  | Percent of project |     |    |
| Will the construction site be fully fenced?  |  |              |  |              |    | Foundation  |                    |  |                    |     |    |
| Will the project have any site surveillance cameras?   |  |              |  |              |    | Structural 'Framing'  |                    |  |                    |     |    |
| Is this leased land?   |  |              |  |              |    | Roof  |                    |  |                    |     |    |
| Is the risk located in an active flood zone?<br><i>*If 'yes', we'd decline.</i>  |  |              |  |              |    | Electrical  |                    |  |                    |     |    |
| Is the risk located within 50 kms of an active fire zone? <i>*If 'yes', we'd decline.</i>                              |  |              |  |              |    | Heating   |                    |  |                    |     |    |
| Surface operations: please indicate any subterranean work requiredz.   |  |              |  |              |    | Plumbing  |                    |  |                    |     |    |
| Blasting   |  | Underpinning |  | Pile Driving |    | Other:  |                    |  |                    |     |    |
| Shoring  |  | Excavation   |  | None         |    | Total all Sub-Contractors   |                    |  |                    |     |    |
| Note: certificates of liability must be obtained from all sub-contractors with minimum liability limits of \$2 million |  |              |  |              |    |   |                    |  |                    |     |    |
| Please explain any positive answers:   |  |              |  |              |    |   |                    |  |                    |     |    |
|  |  |              |  |              |    |   |                    |  |                    |     |    |

| 8. Professional Information: |                      |                    |                                   |                        |
|------------------------------|----------------------|--------------------|-----------------------------------|------------------------|
| Location #                   | Construction Manager | General Contractor | Architectural Consultant/Engineer | Geo-technical Engineer |
|                              |                      |                    |                                   |                        |
|                              |                      |                    |                                   |                        |
|                              |                      |                    |                                   |                        |
|                              |                      |                    |                                   |                        |
|                              |                      |                    |                                   |                        |

| 9. Insurance Loss & History  |               |              |             |                                 |
|--|---------------|--------------|-------------|---------------------------------|
| Has insurance ever been cancelled or refused for this property?  |               | Yes          | No          |                                 |
| If 'yes', please explain:  |               |              |             |                                 |
| Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? |               |              |             |                                 |
| If 'yes', please provide details in below:   |               |              |             |                                 |
| Date of loss   | Claim closed? | Type of loss | Amount Paid | Preventative measures in place? |
|  | Yes No        |              |             |                                 |
|  | Yes No        |              |             |                                 |
|  | Yes No        |              |             |                                 |

**10. Additional Comments**

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

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):**

**Signature(s) of All Named Insureds (only required if binding)**

**Date:**