

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 (if applicable)

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
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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? <i>*If 'yes', how many?</i>						Names and percent of project work done by sub-contractors:					
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? <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					
Please explain any positive answers:											
Note: certificates of liability must be obtained from all sub-contractors with minimum liability limits of \$2 million											

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?			Yes	No
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. Payee(s) Information

Mortgagee(s):

Mortgagee(s) Address: City: Province: Postal Code:

Total amount of mortgages/encumbrances:

Are any of your mortgages/encumbrances/liens or property tax payment in arrears? Yes No

If 'yes', please provide the total amount:

11. 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: