

## BLANKET BUILDERS RISK APPLICATION

1. Applicant's legal name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Expiring Policy number: \_\_\_\_\_
4. Limits required:  
Combustible new construction: \_\_\_\_\_  
Non combustible new construction: \_\_\_\_\_  
Combustible renovation: \_\_\_\_\_  
Non combustible renovation: \_\_\_\_\_  
Catastrophe limit: \_\_\_\_\_
5. Policy period: \_\_\_\_\_
6. Off-site location: \_\_\_\_\_
7. In transit: \_\_\_\_\_

### SALES REVENUES

8. Gross revenues for the upcoming year: \_\_\_\_\_
9. Forecasted gross revenues for blanket builders' risk: \_\_\_\_\_
10. Type of work (%) :  
New constructions \_\_\_\_\_  
Renovation, Expansion \_\_\_\_\_
11. Average value of projects \_\_\_\_\_
12. Maximum value of a project \_\_\_\_\_
13. Number of projects built simultaneously: \_\_\_\_\_
14. Average duration of a project: \_\_\_\_\_
15. Construction type (%)  
Fire-Resistive: \_\_\_\_\_  
Non-combustible: \_\_\_\_\_  
Masonry: \_\_\_\_\_  
Frame, Brick Veneer: \_\_\_\_\_  
Civil work (please describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Municipal protection (%)**

Protected: \_\_\_\_\_  
 Semi-protected: \_\_\_\_\_  
 Unprotected: \_\_\_\_\_

**17. Type of works (%)**

Residential: \_\_\_\_\_  
 Commercial: \_\_\_\_\_  
 Institutional: \_\_\_\_\_  
 Industrial: \_\_\_\_\_  
 Other (Please describe) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**18. Number of projects in the past year:** \_\_\_\_\_

*\*Please provide us with the list of projects carried out in the last year, including the duration, type of construction, description, and value.*

**WORK PERFORMED BY SUB-CONTRACTORS**

**19. % of work sub-contracted:** \_\_\_\_\_

**20. Who supervises the work?**

\_\_\_\_\_

**21. Special Work performed by sub-contractors**

Torch on Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pile driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot Tar Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caisson work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, please specify:

\_\_\_\_\_

**SCRAP**

**22. Presence on site of a metal container to dispose waste material:**  Yes  No

Located more than 10 meters of the building?  Yes  No

Is it emptied daily?  Yes  No

Is waste and empty packaging removed daily?  Yes  No

Burning of waste on site?  Yes  No



**HEATING**

23. Temporary heating?  Yes  No  
 Electric  Propane  Kerosene  Oil

Is the apparatus approved (CSA, ULC, other)?  Yes  No

24. Is site fenced?  Yes  No

25. Portable extinguishers on site?  Yes  No

26. Other important information:

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27. Current Insurer:

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28. Five (5) year claims history for blanket builders risk:

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Signature of the Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).