



BLANKET BUILDERS RISK APPLICATION

- 1. Applicant's legal name: _____
- 2. Address: _____
- 3. Policy number: _____
- 4. Limits required:

Combustible new construction:	\$	
Non combustibile new construction	\$	
Combustible renovation:	\$	
Non combustibile renovation:	\$	
Catastrophe limit:	\$	
- 5. Policy period: _____
- 6. Off-site location: _____
- 7. In transit: _____

SALES REVENUES

- 1. Gross revenues for the upcoming year \$ _____
- 2. Forecasted gross revenues for blanket builders' risk: \$ _____
- 3. Percentage of the nature of the work:

New constructions	%	
Renovation, Expansion	%	
- 4. Average value of projects \$ _____
- 5. Maximum value of a project \$ _____
- 6. Amount of simultaneous projects: _____
- 7. Average duration of a project: _____
- 8. Percentage of construction type

Fire-Resistive:	%	
Non-combustible:	%	
Masonry:	%	
Wood frame, brick veneer:	%	
Civil work (Please describe):	%	

- 9. Percentage of municipal protection

Protected:	%	
Semi-protected:	%	
Unprotected:	%	

10. Type of works

- Residential: % _____
 Commercial: % _____
 Institutional: % _____
 Industrial: % _____
 Other (Please describe): _____

11. 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.*

PERFORMED BY SUB-CONTRACTORS

1. Percentage of work sub-contracted: % _____

2. Who supervises the work?

3. Special Work performed by sub-contractors

- | | | |
|-------------------------|------------------------------|-----------------------------|
| Torch on application | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flame Cutting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Demolition | <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 |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please specify: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REBUTS | SCRAP

- 1. Presence on site of a metal container to dispose waste material:**
- | | | |
|--|------------------------------|-----------------------------|
| Located more than 10 meters of the building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it emptied daily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is waste and empty packaging removed daily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Burning of waste on site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CHAUFFAGE | HEATING

- 1. Temporary heating?** Yes No
- | | |
|--|--|
| <input type="checkbox"/> Électrique Electric | <input type="checkbox"/> Propane Propane |
| <input type="checkbox"/> Kérosène Kerosene | <input type="checkbox"/> Huile Oil |
- Is apparatus approved (CSA, ULC, other)? Yes No
- 2. Is site fenced** Yes No
- 3. Portable extinguishers on site?** Yes No



4. Other important information:

5. Current Insurer:

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

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.