



BUILDERS RENOVATIONS APPLICATION FORM (Residential)

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. Do you have more than one Builders Risk/Renovations location to insure?	Yes	No		
2. In which state is the property to be insured: _____				
3. Please confirm the type of property to be insured:	Residential	Commercial	Farm	Other
4. Has the applicant had any policy of property insurance refused, cancelled or non-renewed in the past 3 (three) years for reasons other than vacancy?	Yes	No		
5. Were they for any of the following reasons only : Insurer no longer writing class of business? Insurer no longer writing class of business in territory? Risk no longer qualifying for an Admitted Carrier program? Loss History?	Yes	No		
6. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?	Yes	No		
7. Have there been more than three (3) losses, claims or circumstances, OR one (1) loss, claim or circumstance exceeding \$25,000, at the property to be insured or any other property owned/rented by applicant in the past three (3) years, excluding natural catastrophe events?	Yes	No		
8. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?				
9. Is the property to be insured subject to more than 2 (two) mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution?	Yes	No		
10. Has the property to be insured either been condemned or scheduled for demolition?	Yes	No		
11. Does the existing structure exceed three (3) stories? Will the existing structure exceed 10,000 square feet when renovation or construction work is complete?				
12. Is the property to be insured any of the following: manufactured or mobile homes, earth homes, dome homes, open pier, stilt homes (built prior to 1990), row or town homes, unique, green or experimental or any other non conventional building?				
13. Does any work involve any of the following: demolition, underpinning, raising, elevating, lifting or placing on pilings of an existing building or structure, lead, asbestos or other pollutant abatement?				
14. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places?				
15. Is the property to be insured located in a landslide area, forest fire area, or brush fire area with less than 200 feet of brush clearance?				
16. Are there any evictions taking place or scheduled to take place at the property to be insured?				
17. Is there wood shake roofing on any of the property to be insured?				
18. Will the property to be insured remain locked & secured against unauthorized entry throughout the policy period when building is unattended?	Yes	No		
19. Does the property to be insured include knob and tube wiring or aluminium wiring or fuses?	Yes	No		
20. Is replacing the knob and tube wiring or fuses with new wiring and circuit breakers included within project?	Yes	No		
21. Does the applicant own the property to be insured?	Yes	No		
22. Is the applicant acting as Contractor?	Yes	No		
23. Is the applicant performing any of the work?	Yes	No		
24. Are all relevant permits in place and is the Contractor licensed?	Yes	No		
25. Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000?	Yes	No		
26. Does the project involve structural work or structural repairs or is the renovation/remodeling project costs more than 50% of the existing structure value?	Yes	No		
27. Is there a signed written contract between the applicant and the Contractor?	Yes	No		
28. Is insured licensed and insured as a contractor?	Yes	No		
29. Is the property a community association entity -- such as a homeowners, co-operative or condominium association, or its board of directors -- of four or more units?	Yes	No		
30. Has the project already started?	Yes	No		

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

State _____ Zip code _____

Name and Address of Retail Broker: _____

State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

31. Period of Insurance: 3 Months 6 Months 9 Months Annual

32. Enter Protection Class: _____

33. Value of Existing Structure: _____

YEAR BUILT: _____

34. Total Square Footage of Proposed Final Structure: _____

YEAR OF ROOF: _____

35. Construction Type: Fire Resistive Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive Non Combustible

36. Age of Building or last full utility upgrade in (full upgrade refers to upgraded electrics, heating and plumbing): 0-30 Years 31-50 Years 51-75 Years

37. Basis Of Loss Settlement: ACV RCV 38. When was the roof last replaced? 0-10 Years 11-35 Years Over 36 Years

39. Are there any Other Structures to be insured: Yes No 40. Value of Other Structure(s): _____

41. Brief Description of Other Structure: _____

42. Do you require Personal Property: Yes No

43. Value of Personal Property: _____

44. Number of Floors: _____

45. Wind Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

46. All Other Perils Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

47. Type of Quote: DP1 DP3 48. Would you like to apply a roof exclusion? Yes No

49. Would you like to apply a cosmetic roof exclusion? Yes No 50. Basis of Loss Settlement for the Roof: ACV RCV

51. Estimated Renovation or Construction Work Project Costs: _____ 52. Would you like to buy coverage for the peril of Earthquake? Yes No

53. Is Vandalism and Malicious Mischief cover required: Yes No 54. Do you wish to buy coverage for Theft of Building Materials: Yes No

55. Please select a Theft of Building Materials Limit: \$25,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$250
\$50,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$500

56. Premises Liability: Yes No

57. Premises Liability Limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

58. How often is the building to be insured inspected by the applicant or the applicant's representative

Daily Weekly Monthly Other Living Onsite

59. Which Utilities are operational: Electric Only Water Only Electric and Water None

60. Would you like to apply a Coverage A Theft Exclusion? Yes No

61. Please select a Coverage A Theft sublimit option: Full Limit \$5,000 \$10,000 \$15,000 \$25,000

62. Please select a Coverage A Theft Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

63. Would you like to apply Water Damage Exclusion? Yes No

64. Please select a Water Damage sublimit option: Full Limit \$5,000 \$10,000 \$15,000 \$25,000

65. Please select a Water Damage Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

66. Please select type of Security at Location to be insured: Fenced and/or Gated Automatic Sprinkler System Guarded
Active Central Station Fire Alarm Active Central Station Burglar System Lighting on Property Location None

67. Have there been any insured or uninsured losses or claims at the property to be insured: Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____

COVERAGE AND PROPERTY DETAILS (continued)

68. Is the insured adding a second story? Yes No
69. Does the insured have a structural engineering report allowing the building addition of a second story? Yes No
70. Is the work done by a licensed Contractor with load bearing construction experience? Yes No
71. Does the Contractor have all required permits? Yes No
72. Does the Contractor carry at least \$1,000,000 Commercial General Liability coverage? Yes No
73. Is the insured listed as an additional insured on the Contractor's CGL Insurance policy? Yes No
74. Is this building a condo or a townhouse? Yes No
75. Describe the type of work to be performed during the policy period:

Replacing bathroom fixtures Replacing kitchen cabinets/furnishing Replacing plumbing/electrical or heating Interior painting
Exterior painting Replacing exterior windows or doors Removing/replacing/adding load bearing walls Replacing roof shingles
Extension to building Adding a 2nd story Others

If 'Other', please describe the type of work: _____

76. If required, please enter details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____