



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 Fam 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? Yes No
 Insurer no longer writing class of business in territory?
 Risk no longer qualifying for an Admitted Carrier program?
 Loss History?

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?

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?

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 Condo Association? 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

- 30. Period of Insurance: 3 Months 6 Months 9 Months Annual 31. Enter Protection Class: _____
- 32. Value of Existing Structure: _____
- 33. Total Square Footage of Proposed Final Structure: _____
- 34. Construction Type: Fire Resistive Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive Non Combustible
- 35. 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
- 36. Basis Of Loss Settlement: ACV RCV 37. When was the roof last replaced? 0-10 Years 11-35 Years Over 36 Years
- 38. Are there any Other Structures to be insured: Yes No 39. Value of Other Structure(s): _____
- 40. Brief Description of Other Structure: _____
- 41. Do you require Personal Property: Yes No 42. Value of Personal Property: _____
- 43. Number of Floors: _____
- 44. Wind Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
- 45. All Other Perils Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
- 46. Type of Quote: DP1 DP3
- 47. Would you like to apply a roof exclusion? Yes No
- 48. Would you like to apply a cosmetic roof exclusion? Yes No 49. Basis of Loss Settlement for the Roof: ACV RCV
- 50. Estimated Renovation or Construction Work Project Costs: _____
- 51. Would you like to buy coverage for the peril of Earthquake? Yes No 52. Is Vandalism and Malicious Mischief cover required: Yes No
- 53. Do you wish to buy coverage for Theft of Building Materials: Yes No 54. Do you wish to purchase? Yes No
- 55. Premises Liability: Yes No
- 56. Premises Liability Limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
- 57. How often is the building to be insured inspected by the applicant or the applicant's representative
Daily Weekly Monthly Other Living Onsite
- 58. Which Utilities are operational: Electric Only Water Only Electric and Water None
- 59. Would you like to apply a Coverage A Theft Exclusion? Yes No
- 60. Please select a Coverage A Theft sublimit option: Full Limit \$5,000 \$10,000 \$15,000 \$25,000
- 61. Please select a Coverage A Theft Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
- 62. Would you like to apply Water Damage Exclusion? Yes No
- 63. Please select a Water Damage sublimit option: Full Limit \$5,000 \$10,000 \$15,000 \$25,000
- 64. Please select a Water Damage Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
- 65. 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
- 66. 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)

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|---|-----|----|
| 67. Is the insured adding a second story? | Yes | No |
| 68. Does the insured have a structural engineering report allowing the building addition of a second story? | Yes | No |
| 69. Is the work done by a licensed Contractor with load bearing construction experience? | Yes | No |
| 70. Does the Contractor have all required permits? | Yes | No |
| 71. Does the Contractor carry at least \$1,000,000 Commercial General Liability coverage? | Yes | No |
| 72. Is the insured listed as an additional insured on the Contractor's CGL Insurance policy? | Yes | No |
| 73. Is this building a condo or a townhouse? | Yes | No |

74. 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: _____

75. 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 _____