

# Builders' Risk Renovations Supplemental Application

## Remodel / Renovation / Rehabilitation

\*\*\* THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125\*\*\*

Insured Information			
Named Insured			
DBA	Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Number of years in business
Name of Contractor (if different from named insured)			
Contractor Mailing Address			
Loss History / 5 Years			
Estimated start date of project	Estimated completion date of project	Estimated term of project (months)	
Currently Under Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Original Start Date	Percent Completed	Values Completed
(If Yes To Prior Start Attach Prior Start Questionnaire Required)			
Limits of Liability			
Existing Structure (If Applicable)	Temporary Storage	Renovation Values(s)	
Transit	New Addition Value (If Applicable)	Total Insured Values	
Optional Coverages: (Must Be Checked)			
<input type="checkbox"/> <b>Windstorm:</b> Is project location eligible for coverage in a Wind Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – maximum limit available in Wind Pool? \$ _____			
<input type="checkbox"/> <b>Earth Movement:</b> ISO Earthquake Zone: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
<input type="checkbox"/> <b>Flood:</b> FEMA Flood Zone: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V If Zone A or V: 100 Year Base Flood Elevation? _____ Elevation of First Finished Floor? _____			
<input type="checkbox"/> Soft Costs: \$ _____ (must attach complete breakdown)			
<input type="checkbox"/> Loss of Rents: \$ _____ Loss of Earnings: \$ _____			
Deductibles			
AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)			
<input type="checkbox"/> \$500 (Residential Only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____			
Project Information			
Location Address			
City	County	State	ZIP Code

**Project Information, cont.**

- Project Type:**  Single Family  Two Family  Commercial
- Remodel:** remodel of interior finishes / replacement of interior fixtures, cabinets, flooring, etc.
- Remodel / Minor Structural:** remodel of interior finishes and minor changes to exterior (doors/windows/exterior painting) including all nonstructural changes (HVAC/plumbing/electrical)
- Restoration / Major Restructuring:** repair / replace / remove load bearing walls / add additional stories / add stairways or elevators (if structural changes being made the following are required:
1. Letter from engineer that the site has been visited and the existing building is structurally sound and able to accept the structural changes proposed.
  2. Letter from the engineer regarding a complete description of the structural changes to be made
  3. Letter from the contractor that the engineer's specifications will be followed including controls in place to prevent collapse
- New Addition With Some Remodel:** addition of space with remodel / renovation for tie in purposes only and interior remodel as shown above

Complete description of renovations: (if remodel is checked above)  
 If other than remodel, a complete copy of the contractor's work/job order is needed noting complete details of this job.

Public Protection Class		City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Distance to nearest working public fire hydrant		Distance to nearest responding fire department	
Distance from coastal waters _____ Feet _____ Miles		Total Sq. Ft. Area	
Number of Stories	Number of Buildings	Approximate distance between buildings	
Intended Occupancy	Previous Occupancy	Occupied during renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Construction Type**

- Frame** – Walls are constructed of wood or other combustible materials, including when combined with other materials such as Brick Veneer, Stone Veneer, Wood Ironclad or Stucco On Wood
- Masonry Joist** – Walls are constructed of masonry materials such as Clay, Adobe, Brick, Gypsum Block, Cinder Block, Hollow Concrete Block, Stone, Tile, Glass Block or other similar material and where the floors and/or roof are combustible
- Noncombustible** – Walls / Floors / Roof are constructed of and supported by Metal, Asbestos, Gypsum or other non-combustible material
- Masonry Noncombustible** – Walls are constructed of masonry materials of the type described N masonry joist above but with a floor and roof constructed of metal or other non-combustible material
- Fire Resistive** – Walls / Floors / Roof are constructed of fire resistive materials having a resistance rating of not less than two (2) hours

Reference to walls means the structural frame and support walls. Reference to floors means the floors and supports. Reference to roof means the roof deck and supports

**Existing Structure Information**

Year Built	Current Condition of Structure	Historic Landmark <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Purchased (mm/dd/yyyy)	Purchase Price	Date(s) Remodeled/Restructured

**Private Protection**

Will These Systems Be Operational During Renovation:

Automatic Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fencing / Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watchman Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours On Site	_____

**Damage Disclosure**

Has structure ever sustained damage from windstorm, earthquake or fire, etc.?  Yes  No

If Yes, describe:

**Nearest Exposed Structure**

Occupancy	Distance To	Construction Type	Are buildings transferred to permanent coverage once completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to above – please indicate maximum number of buildings under construction at any one time and the corresponding values:

**Loss Control**

Debris removed from site at regular intervals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency	Public water supply in service at site? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Brush Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – Clearance from Site?
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**Miscellaneous**

Provide any additional information available (windspeed design, special construction features, mortgage holder, loss payee, etc.):