



## 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)**

- 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 \_\_\_\_\_