

## BUILDERS RISK RENOVATIONS APPLICATION

### APPLICANT INFORMATION

NAME:		
MAILING ADDRESS:		
PROPOSED EFF DATE: FROM:	TO:	WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER		YEARS IN BUSINESS
"S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER		

### PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	Protection Class	Construction Type	Age	Square Footage

### DESCRIPTION OF OPERATIONS BY PREMISE(S)

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### PRIOR CARRIER INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
TOTAL PREMIUM				

### LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS: <input type="checkbox"/> CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

### GENERAL INFORMATION

1. Is Named Insured? <input type="checkbox"/> Owner <input type="checkbox"/> General Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____
2. Is this a new purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, purchase price of property? \$ _____ Purchase date _____
3. Actual Cash value of existing structure: \$ _____ Market value \$ _____
4. Cost of renovations:
5. Intended occupancy:
6. Previous occupancy:

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7.	Any additions made to existing structures? If yes please describe and list the new square footage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is any part of the building currently occupied? If yes, describe occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Estimated Length of project:	
10.	Describe any work that has already started:	
11.	Describe security at job site: <input type="checkbox"/> Watchman <input type="checkbox"/> fence <input type="checkbox"/> Other: _____	
12.	Perils (All Risk or Named Perils):	
13.	Are any buildings currently damaged? If yes please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Deductible:	
15.	If coastal, provide distance to tidal water:	
16.	Extent of renovation to building. Be specific _____ _____ _____	
17.	Any buildings protected by Sprinkler systems:	
18.	Will the heat be maintained during the renovation project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Is renovation being done on a speculative basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Describe any structural alterations or work on load bearing walls. _____ _____	
21.	Any structures subject to demolition? If yes please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Will any buildings be vacant more than 60 days prior to the beginning of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Experience & background of general contractor & subcontractors. _____ _____	
24.	Are Certificates of Insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.