

## 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. In which state is the property to be insured: _____		
2. Please confirm the type of property to be insured:	Residential	Commercial
	Fam	Other
3. 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
4. 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
5. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?	Yes	No
6. 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
7. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?		
8. 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
9. Has the property to be insured either been condemned or scheduled for demolition?		
10. Does the existing structure exceed three (3) stories? Will the existing structure have a story added to it, or will it exceed 10,000 square feet when renovation or construction work is complete?		
11. 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?		
12. 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?		
13. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places?		
14. 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?		
15. Are there any evictions taking place or scheduled to take place at the property to be insured?		
16. Is there wood shake roofing on any of the property to be insured?		
17. Will the property to be insured remain locked & secured against unauthorized entry throughout the policy period when building is unattended?	Yes	No
18. Does the property to be insured include knob and tube wiring or aluminium wiring or fuses?	Yes	No
19. Is replacing the knob and tube wiring or fuses with new wiring and circuit breakers included within project?	Yes	No
20. Does the applicant own the property to be insured?	Yes	No
21. Is the applicant acting as Contractor?	Yes	No
22. Is the applicant performing any of the work?	Yes	No
23. Are all relevant permits in place and is the Contractor licensed?	Yes	No
24. Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000?	Yes	No
25. 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
26. Is there a signed written contract between the applicant and the Contractor?	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**

- 27. Period of Insurance: 3 Months    6 Months    9 Months    Annual                      28. Enter Protection Class: \_\_\_\_\_
- 29. Value of Existing Structure: \_\_\_\_\_
- 30. Total Square Footage of Proposed Final Structure: \_\_\_\_\_
- 31. Construction Type: Fire Resistive    Frame    Joisted Masonry    Masonry Non Combustible    Modified Fire Resistive    Non Combustible
- 32. 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
- 33. Are there any Other Structures to be insured: Yes    No                                      34. Value of Other Structure(s): \_\_\_\_\_
- 35. Brief Description of Other Structure: \_\_\_\_\_
- 36. Do you require Personal Property: Yes    No    37. Value of Personal Property: \_\_\_\_\_
- 38. Number of Floors: \_\_\_\_\_
- 39. Wind Hail Deductible per occurrence: \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
- 40. All Other Perils Deductible:                      \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
- 41. Type of Quote: DP1    DP3
- 42. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_
- 43. What CGL Limit carried by the Contractor: 300k    500k    1m
- 44. Is Vandalism and Malicious Mischief cover required: Yes    No                      45. Do you wish to buy coverage for Theft of Building Materials: Yes    No
- 46. Premises Liability: Yes    No
- 47. Premises Liability Limits: \$25,000    \$50,000    \$100,000    \$300,000    \$500,000    \$1,000,000
- 48. How often is the building to be insured inspected by the applicant or the applicant's representative:  
Daily    Weekly    Monthly    Other L Living Onsite
- 49. Which Utilities are operational: Electric Only    Water Only    Electric and Water    None
- 50. 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
- 51. 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)**

52. 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    Other

If 'Other', please describe the type of work: \_\_\_\_\_

53. 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 \_\_\_\_\_