

**BUILDERS RENOVATIONS APPLICATION FORM**

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.

1. In which state is the property to be insured: \_\_\_\_\_

2. Please confirm the type of property to be insured:                      Residential      Commercial      Farm      Other      **Yes**      **No**

3. Has the applicant had any policy of property insurance cancelled or non-renewed in the past 3 (three) years for reasons other than vacancy ?

4. Has the applicant been convicted of the crimes of arson or insurance fraud?

5. Is the applicant currently involved in bankruptcy proceedings?

6. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?

7. Is the property to be insured subject to more than 2 (two) mortgages or other cumberances or a mortgage provided by an individual or entity other than a financial institution?

8. Is the property to be insured condemned, scheduled for demolition, located in Protection Class 9 or 10 or located in a high crime neighbourhood?

9. Does the existing structure exceed 3 (three) stories or involve adding a storey to the existing structure?

10. Has the renovation / remodelling / construction work already begun?

11. Is the property to be insured any of the following: modular, manufactured or mobile homes, earth homes, dome homes, open pier, stilt homes, row or town homes, unique, green or experimental or any other non conventional building?

12. Does any work involve any of the following: renovation after fire, theft or vandalism, extensive gutting, demolition or underpinning of an existing building or structure, lead, asbestos or other pollutant abatement?

13. Is the property to be insured over 75 years old or recognized as an historical building?

14. Will the property to be insured remain locked & secured against unauthorized entry throughout the policy period when building is unattended?

15. Does the property to be insured include knob and tube wiring or aluminium wiring or fuses?

16. Is replacing the knob and tube wiring or fuses with new wiring and circuit breakers included within project?

17. Is the applicant acting as Contractor?

18. Are all relevant permits in place and is the Contractor licensed?

19. Has the Contractor had a minimum of 3 (three) years experience with similar renovation / remodelling / construction work?

20. Has the Contractor been subject to more than 2 (two) insurance claims, a single insurance claim exceeding \$10,000 or any litigation in the last 3 (three) years arising from or related to its renovation or construction work?

21. Does the project involve structural work or structural repairs or is the renovation/remodelling costs more than 50% of the existing structure value?

22. Is there a signed written contract between the applicant and Contractor?

23. Are there any agreements (including but not limited to hold harmless, waivers of subrogation or any other contractual provision) in place which would relieve any contractors or workers on the project from liability?

24. Are there any documents providing a breakdown of the projected cost of the work?

25. Does the Contractor carry Commercial General Liability insurance coverage with a minimum occurrence limit of \$1,000,000?

**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**

- 26. Period of Insurance: 3 Months    6 Months    9 Months    Annual                      27. Enter Protection Class: \_\_\_\_\_
- 28. Value of Existing Structure: \_\_\_\_\_
- 29. Total Square Footage of Proposed Final Structure: \_\_\_\_\_
- 30. Construction Type: Fire Resistive    Frame    Joisted Masonry    Masonry Non Combustible    Modified Fire Resistive    Non Combustible
- 31. Age of Building:    0-25 Years    26-50 Years    51-75 Years
- 32. Are there any Other Structures to be insured:    Yes    No                      33. Value of Other Structure(s): \_\_\_\_\_
- 34. Brief Description of Other Structure:
- 35. Do you require Personal Property:    Yes    No                      36. Value of Personal Property: \_\_\_\_\_
- 37. Number of Floors: \_\_\_\_\_
- 38. Wind Hail Deductible per occurrence:    \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
- 39. All Other Perils Deductible:                      \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
- 40. Type of Quote:    DP1    DP3
- 41. Estimated Project Start Date: \_\_\_\_\_                      42. Estimated Project Finish Date: \_\_\_\_\_
- 43. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_
- 44. Description of New Renovation or Construction Works: \_\_\_\_\_
- 45. What CGL Limit carried by the Contractor:    300k    500k    1m
- 46. Is Vandalism and Malicious Mischief cover required:    Yes    No
- 47. Premises Liability:    Yes    No
- 48. Premises Liability Limits:    \$25,000    \$50,000    \$100,000    \$300,000    \$500,000    \$1,000,000
- 49. How often is the building to be insured inspected by the applicant or the applicant's representative:  
Daily    Weekly    Monthly    Other    Living Onsite
- 50. Which Utilities are operational:    Electric Only    Water Only    Electric and Water    None
- 51. 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
- 52. 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)**

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

54. Please provide name and address of Contractor responsible for the new construction:

\_\_\_\_\_  
\_\_\_\_\_

55. 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 \_\_\_\_\_