



Builders Risk Application – Renovation

Agency Name:	Contact:		
Named Insured:			
Mailing Address:	City	ST	Zip
Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Non-Profit			
Interest of Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other:			

Underwriting Information

General Contractor Name & Address (if different than applicant):		
Number of years in business:		
Has insured held the Architect/Designer harmless for errors in design? If yes, why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior Carrier:	Premium: \$	
Any builders risk/installation losses for the past 3 years? If yes, describe losses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Important: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.		

Construction Site Information

Location Address:	City:	ST:	Zip:
Description of Project:			
Has work on the project begun?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Anticipated start date:			
Anticipated completion date:			

Coverage/Limits Information - Must be insured 100% to completed value

Usable existing structure:	\$
New Construction Work at Jobsite:	\$
While in Transit	\$
In any one loss:	\$
Purchase Price of Existing Structure (may not exceed actual cash value):	\$
Amount of renovation/improvements:	\$
Is profit included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other:	
Length of Term: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other:	



Existing Structure Details			
Original Year Built:		Dimensions (sqft):	
Roof Last Updated/Inspected:		HVAC Last Updated/Inspected:	
Electric Last Updated/Inspected:		Plumbing Last Updated/Inspected:	
Number of stories:		Date Purchased:	
Current Occupancy:		Occupied During Renovation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive			
Intended use/occupancy of structure:			
Describe in detail non-structural work to be completed:			
Is foundation work, above-grade structural work, or movement of load bearing walls to be done? If yes, describe the work to be done in detail, including level of experience. Note: coverage may not be bound without underwriting approval. A photograph is also required.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any rigging required? If yes, describe – who will perform, maximum values rigged, etc)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protection Class?	Distance to Fire Hydrant?	Distance to Fire Dept?	
Distance to tidal water?		Eligible for windpool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Security: <input type="checkbox"/> Fenced <input type="checkbox"/> Floodlights <input type="checkbox"/> Watchman Services <input type="checkbox"/> Outside Patrol Service			
Protections Operational During Renovation: <input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Other:			

Signing this application does not bind the insured or the company to complete the insurance.

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____