

## BUILDERS RENOVATIONS APPLICATION FORM (Commercial)

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      Farm      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? Yes      No  
 Insurer no longer writing class of business in territory?  
 Risk no longer qualifying for an Admitted Carrier program?  
 Loss History?

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?

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?

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 35,000 square feet when renovation or construction work is complete?

11. Is the property to be insured any of the following: manufactured or mobile structure, unique, green or experimental or any other non conventional building? Yes      No

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&plumbing):Over 20 Years 21-50 Years Over 50 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: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

40. All Other Perils Deductible: \$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. Is Sprinkler Leakage Cover required: Yes No

47. Premises Liability: Yes No

48. Premises Liability Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000

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 washroom 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    Reconfiguring interior units, moving non load bearing walls&doors    Other

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

54. 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 \_\_\_\_\_