



## *Agent Information*

Agent:

Agency Code:

Contact:

Phone:

Email:

New                      Renewal

Policy Number:

## 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      Fam      Other

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?

Yes    No

4. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?

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

6. 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?

7. Is the property to be insured condemned, scheduled for demolition, or located in a high crime neighbourhood?

8. Does the existing structure exceed 3 (three) stories or involve adding a storey to the existing structure or will exceed 30,000 sq ft when complete?

Yes    No

9. Is the property to be insured any of the following: manufactured or mobile structure, unique, green or experimental or any other non conventional building?

10. Does any of the work involve any of the following: renovation after fire, theft or vandalism, extensive gutting, demolition, underpinning, raising, elevating, lifting or placing on pilings of an existing building or structure, lead, asbestos or other pollutant abatement?

11. Is the property to be insured recognized as an historical building?

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

Yes    No

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

Yes    No

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

Yes    No

15. Is the applicant acting as Contractor?

YesÁ    No

16. Is the applicant performing any of the work?

YesÁ    No

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

YesÁ    No

18. Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000?

YesÁ    No

19. Does the project involve structural work or structural repairs or is the renovation/remodeling project costs more than 150% of the existing structure value?

YesÁ    No

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

YesÁ    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**

**2%** Period of Insurance: 3 Months 6 Months 9 Months Annual **2&** Enter Protection Class: \_\_\_\_\_  
**2'** . Value of Existing Structure: \_\_\_\_\_  
**2(** . Total Square Footage of Proposed Final Structure: \_\_\_\_\_  
**2)** . Construction Type: Fire Resistive Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive Non Combustible  
**2\*** . 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  
**2+** . Are there any Other Structures to be insured: Yes No **2, .** Value of Other Structure(s): \_\_\_\_\_  
**2-** . Brief Description of Other Structure: \_\_\_\_\_  
**' \$.** Do you require Personal Property: Yes No **3%** Value of Personal Property: \_\_\_\_\_  
**3&** Number of Floors: \_\_\_\_\_  
**3'** . Wind Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000  
**3(** . All Other Perils Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000  
**3)** . Type of Quote: DP1 DP3  
**3\*** . Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_ **3+.** What CGL Limit carried by the Contractor: 300k 500k 1m  
**3, .** Is Vandalism and Malicious Mischief cover required: Yes No **3- .** Do you wish to buy coverage for Theft of Building Materials: Yes No  
**( \$.** Is Sprinkler Leakage Cover required: Yes No  
**4%** Premises Liability: Yes No  
**4&** Premises Liability Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000  
**4'** . How often is the building to be insured inspected by the applicant or the applicant's representative:  
Daily Weekly Monthly Other Living Onsite  
**4(** . Which Utilities are operational: Electric Only Water Only Electric and Water None  
**4)** . 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  
**4\*** . 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)**

4+. 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: \_\_\_\_\_

4, . 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 \_\_\_\_\_