

BUILDERS RISK

REMODELING AND RENOVATION APPLICATION

Would you like a 6 month or 12 month policy? (Please Select One) 6 Month 12 Month

AGENCY INFORMATION

Agency Name					
Broker Name					
Agency Mailing Address Street					
City		State		Zip Code	
Phone		Email			

SECTION 1: Insured Information

Insured Name					
Property Address Under Construction – Street					
City		State		Zip Code	
Country					
Insured Mailing Address - Street					
City		State		Zip Code	
Country					
Contact name		Phone			
Email Address					

SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner?	Owner <input type="checkbox"/>	Builder <input type="checkbox"/>	Builder/Owner <input type="checkbox"/>
Builder Name			
Builder Address – Street			
Builder Address – City		State	
Zip Code			
Does the builder have two years' experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project brand new construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project remodeling or renovation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Describe the remodeling or renovation work taking place:			
Is work structural?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is coverage being requested for existing structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the age of the structure?			
Does the building have a sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the actual cash value or purchase price, excluding land of the existing structure?			
What is value of renovations and improvements?			
What is total project insured value?			

Does the property have any historical designation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the structure have any unusual architectural or structural features?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the existing roofline be changed due to the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is foundation work being done as part of the renovation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is debris removed from site at regular intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure a 1-4 unit family building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the intended occupancy of the building?		
What is the total number of structures for this location?		
Is the builder insuring other properties within 100 ft. of this structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the total value of all structures?		
Has the builder had any builders risk losses in the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide amount, date and description.		

▶ **SECTION 3: Property Information**

What is the county?			
Construction type?		Protection class?	
What is the square footage?			
Will the structure be occupied during construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were there any previous losses at this location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 4: Project and Coverage Information**

Has the project started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What was or will be the start date?	
What is the estimated completion date?				
Is the structure modular or mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the project involve 'tilt up' construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If project started what is the percentage complete?				
Select a deductible	Choose an item.			

▶ **SECTION 5: Coverages included in policy**

Select the optional coverages and associated limits you want include in this submission?

	Current Limit	Desired Limit
Collapse	Included	Cannot be increased
Scaffolding, construction forms and temporary structures	\$20,000	
Debris Removal	\$150,000	
Discharge from sewer, drain or sump	\$5,000	
Fire department service charge	\$10,000	
Valuable papers and records	\$20,000	
Pollutant clean up and removal	\$15,000	

Ordinance of law – direct damage		
1. Coverage for loss to undamaged portal of building	Included	Cannot be increased
2. Demolition cost coverage	\$1,000,000 <small>(\$100,000 in CA, MA, NE)</small>	
3. Increased cost of construction	\$1,000,000 <small>(\$100,000 in CA, MA, NE)</small>	
4. Combined aggregate	\$1,000,000 <small>(\$150,000 in CA, MA, NE)</small>	
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	
Property at a temporary storage location	\$500,000 <small>(\$100,000 in CA, MA, NE)</small>	
Property in transit	\$500,000 <small>(\$100,000 in CA, MA, NE)</small>	
Expediting expenses	\$50,000	
Limited coverage for “fungi,” wet rot and dry rot	\$5,000	
Soft costs	\$100,000	
Claim Preparation Expense <small>(not available in CA, MA, NE)</small>	\$25,000	
Blueprint and Construction Documents <small>(not available in CA, MA, NE)</small>	\$25,000	
Fraud and Deceit <small>(not available in CA, MA, NE)</small>	\$50,000	

► **SECTION 6: Additional Coverages - Select the optional coverages and associated limits**

			Desired Limit
Green Builder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contract Change Order Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business Income & Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission to occupy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

► **SECTION 7: Wind Coverage Information**

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA).

Do you want to exclude wind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure located within 1,000 feet of ocean, sea, bay or gulf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the building on pilings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

► **SECTION 8: Additional Interest**

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

Name		Loan number	
Mailing Address Street			
City		State	Zip Code

▶ **SECTION 9:** Additional Information - Please provide any additional information for this submission:

▶ **SECTION 10:** Billing - options includes direct or agent bill. Premium is due in full 10 days after the effective date.

Direct bill <input type="checkbox"/>	Agent bill <input type="checkbox"/>
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I have reviewed and agree to comply with the terms and conditions for this portal. In addition, I have reviewed the application information and agree it is accurate and complete.

Insured's Signature

Date