

Builders' Risk Renovations Supplemental Application

Remodel / Renovation / Rehabilitation

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED
TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125***

Insured Information				
Named Insured				
DBA		Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Number of years in business
Name of Contractor (if different from named insured)				
Contractor Mailing Address				
Loss History / 5 Years				
Estimated start date of project		Estimated completion date of project		Estimated term of project (months)
Currently Under Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Original Start Date	Percent Completed		Values Completed
(If Yes To Prior Start Attach Prior Start Questionnaire Required)				
Limits of Liability				
Existing Structure (If Applicable)		Temporary Storage		Renovation Values(s)
Transit		New Addition Value (If Applicable)		Total Insured Values
Optional Coverages: (Must Be Checked)				
<input type="checkbox"/> Windstorm: Is project location eligible for coverage in a Wind Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – maximum limit available in Wind Pool? \$_____				
<input type="checkbox"/> Earth Movement: ISO Earthquake Zone: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
<input type="checkbox"/> Flood: FEMA Flood Zone: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V If Zone A or V: 100 Year Base Flood Elevation? _____ Elevation of First Finished Floor? _____				
<input type="checkbox"/> Soft Costs: \$_____ (must attach complete breakdown)				
<input type="checkbox"/> Loss of Rents: \$_____ Loss of Earnings: \$_____				
Deductibles				
AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)				
<input type="checkbox"/> \$500 (Residential Only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____				
Project Information				
Location Address				
City		County		State
				ZIP Code

Project Information, <i>cont.</i>															
Project Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Remodel: remodel of interior finishes / replacement of interior fixtures, cabinets, flooring, etc. <input type="checkbox"/> Remodel / Minor Structural: remodel of interior finishes and minor changes to exterior (doors/windows/exterior painting) including all nonstructural changes (HVAC/plumbing/electrical) <input type="checkbox"/> Restoration / Major Restructuring: repair / replace / remove load bearing walls / add additional stories / add stairways or elevators (if structural changes being made the following are required: <ol style="list-style-type: none"> 1. Letter from engineer that the site has been visited and the existing building is structurally sound and able to accept the structural changes proposed. 2. Letter from the engineer regarding a complete description of the structural changes to be made 3. Letter from the contractor that the engineer's specifications will be followed including controls in place to prevent collapse 															
<input type="checkbox"/> New Addition With Some Remodel: addition of space with remodel / renovation for tie in purposes only and interior remodel as shown above Complete description of renovations: (if remodel is checked above) If other than remodel, a complete copy of the contractor's work/job order is needed noting complete details of this job.															
Public Protection Class		City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside													
Distance to nearest working public fire hydrant		Distance to nearest responding fire department													
Distance from coastal waters _____ Feet _____ Miles		Total Sq. Ft. Area													
Number of Stories	Number of Buildings	Approximate distance between buildings													
Intended Occupancy	Previous Occupancy	Occupied during renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Construction Type															
<input type="checkbox"/> Frame – Walls are constructed of wood or other combustible materials, including when combined with other materials such as Brick Veneer, Stone Veneer, Wood Ironclad or Stucco On Wood <input type="checkbox"/> Masonry Joist – Walls are constructed of masonry materials such as Clay, Adobe, Brick, Gypsum Block, Cinder Block, Hollow Concrete Block, Stone, Tile, Glass Block or other similar material and where the floors and/or roof are combustible <input type="checkbox"/> Noncombustible – Walls / Floors / Roof are constructed of and supported by Metal, Asbestos, Gypsum or other non-combustible material <input type="checkbox"/> Masonry Noncombustible – Walls are constructed of masonry materials of the type described N masonry joist above but with a floor and roof constructed of metal or other non-combustible material <input type="checkbox"/> Fire Resistive – Walls / Floors / Roof are constructed of fire resistive materials having a resistance rating of not less than two (2) hours Reference to walls means the structural frame and support walls. Reference to floors means the floors and supports. Reference to roof means the roof deck and supports															
Existing Structure Information															
Year Built	Current Condition of Structure	Historic Landmark <input type="checkbox"/> Yes <input type="checkbox"/> No													
Date Purchased (mm/dd/yyyy)	Purchase Price	Date(s) Remodeled/Restructured													
Private Protection															
Will These Systems Be Operational During Renovation: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;">Automatic Sprinkler System</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%;">Burglar Alarm System</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sprinkler System Alarms</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Fencing / Lighting</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Watchman Service</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Hours On Site</td> <td>_____</td> </tr> </table>				Automatic Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fencing / Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Watchman Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours On Site	_____
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Damage Disclosure			
Has structure ever sustained damage from windstorm, earthquake or fire, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, describe:			
Nearest Exposed Structure			
Occupancy	Distance To	Construction Type	Are buildings transferred to permanent coverage once completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above – please indicate maximum number of buildings under construction at any one time and the corresponding values:			
Loss Control			
Debris removed from site at regular intervals? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency	Public water supply in service at site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brush Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes – Clearance from Site?	
Miscellaneous			
Provide any additional information available (windspeed design, special construction features, mortgage holder, loss payee, etc.):			