



Builders' Risk Renovations Supplemental Application

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

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|---|------------------------------|--|-------------------|---|-----------|
| Insured Information | | | | | |
| Named Insured | | | | | |
| DBA | | Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor | | 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 | | | | | |
| Total Completed Value of Project | | | Temporary Storage | | |
| Loss Limit (If Applicable) | | | Transit | | |
| Optional Coverages: (Must Be Checked) | | | | | |
| <input type="checkbox"/> Windstorm: Is project location eligible for coverage in a Wind Pool? | | | | | Yes No |
| If yes, what is the 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 | | | | | |
| All Other Perils (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 Type <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial | | Public Protection Class | | City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside | |

| | | |
|--|--|--|
| Project Information, cont. | | |
| 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 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: | | |
| Automatic Sprinkler System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sprinkler System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fencing / Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alarms Watchman | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hours On Site _____ |

| Damage Disclosure | | | |
|--|---|---|--|
| Has structure ever sustained damage from windstorm, earthquake or fire, etc.? | | | Yes No |
| If yes, please 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 what is the clearance from the site? | | |
| Miscellaneous | | | |
| Provide any additional information available (windspeed design, special construction features, mortgage holder, loss payee, etc.): | | | |