



**Builders Risk Renovation Project Application**

Name of Insured: \_\_\_\_\_

Existing Structure: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Age of Structure: \_\_\_\_\_ Previous Occupancy: \_\_\_\_\_

New/ Intended Occupancy (if different form above): \_\_\_\_\_

**Construction Materials**

Walls: \_\_\_\_\_ Floors: \_\_\_\_\_ Roof: \_\_\_\_\_

**Indicate items to be left in service during renovation:**

Automatic Sprinkler protection:	<input type="checkbox"/>	Sprinkler Alarms:	<input type="checkbox"/>
Burglar Alarms:	<input type="checkbox"/>	Full Perimeter Fencing:	<input type="checkbox"/>
Watchman Service/ Security Guard:	<input type="checkbox"/>	Lighting/ Electrical:	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Water service:	<input type="checkbox"/>

Has property ever sustained damage from Fire / Windstorm / Earthquake:  Yes  No

If yes, describe: \_\_\_\_\_

**Please indicate the extent of work to be done:**

**Remodeling / Rehabilitation:**

Interior Finishing / Painting:	<input type="checkbox"/>	Replacing doors / windows:	<input type="checkbox"/>
Removing/Installing Non-bearing walls:	<input type="checkbox"/>	Plumbing:	<input type="checkbox"/>
Electrical Work:	<input type="checkbox"/>	HVAC System:	<input type="checkbox"/>
Other (describe): _____	<input type="checkbox"/>	Roof covering:	<input type="checkbox"/>

Restoration / Restructuring:

Structural Changes to: Floors  Roof  Load-Bearing Walls

Gutting of existing with only a shell to remain:

Adding: Stairways  Elevators:  Atriums:

Other (describe): \_\_\_\_\_

**Contractor's Experience:** Years in business: \_\_\_\_\_

Prior experience with renovation projects: \_\_\_\_\_

Prior loss history: \_\_\_\_\_

**Please attach a copy of the contract / work order**

The undersigned certifies that the answers herein are true and correct to the best of his/her knowledge. Signing of this application does not bind the insurer to complete the insurance but it is agreed that this form shall be the basis of a contract, should a policy be issued.

\_\_\_\_\_  
Signature of Applicant/Insured

\_\_\_\_\_  
Date