



Building Renovation Product

BUILDING RENOVATION (existing building) APPLICATION

All questions must be answered and application must be signed by applicant.

1. Name and Address of Applicant: _____

2. Interest of Applicant: Owner Contractor Tenant Other _____
3. Phone Number: _____ E-mail: _____ Website: _____
4. Is this a single building? Yes No
5. Is this renovation of an existing building? Yes No
(If no, please complete Builder's Risk application)
6. Location of Project: _____

7. Description of Project: _____

8. Loss History(5yrs): _____

9. Is the building currently damaged? Yes No
Please describe if so: _____

10. Will there be any occupants during renovation? Yes No
If yes, please address the following:
 - a. Describe the occupancy _____
 - b. The electrical system is connected to circuit breakers Yes No
 - c. The building does not have knob and tube or aluminum wiring Yes No
 - d. Functioning smoke/heat detectors are in all units and/or occupancies Yes No
11. Construction
 Fire Resistive/Modified Fire Resistive Masonry Noncombustible Noncombustible Joisted Masonry Frame
12. Is the building sprinklered? Not at all Partially Fully
If sprinklered, will the system be operational during construction/renovations? Yes No
13. Protection Class _____
14. Existing bldg value \$ _____ Renovation Value \$ _____
Square footage of existing bldg _____ Bldg additions _____
15. Length of Project _____ (months)
16. Deductible: \$1,000 \$2,500 Other \$ _____
17. Building age _____
Does the property have a historical designation? Yes No
18. Is the property a Brownstone and/or have any ornamental fixtures, facades, stained glass, or other appointments that have special or increased value? Yes No
If yes, please describe: _____



	Ineligible	Eligible
19. Will any work be done to the structural load bearing members of the existing building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Has any construction work started yet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any tenants been evicted from the property in the past 60 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant or majority partner filed for bankruptcy in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any back taxes or tax liens on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project involve Bridges, Dams, Tunnels, Bubble Buildings, Green Houses, Waste Water Facilities, Airport Hangers, Silos, Chemical Petroleum Energy, Co-generation Tanks, or Radio, TV and Communications Towers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Does insured/contractor have 3 years of experience in conducting renovation projects?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
22. Does any demolition work need to be done prior to construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Cause of Loss Desired:		
<input type="checkbox"/> Basic (excluding sprinkler leakage) <input type="checkbox"/> Special (excluding sprinkler leakage)		
Cause of Loss Eligibility:	Basic Only	Special
The building will be vacant for more than 60 days without undergoing renovation work.	<input type="checkbox"/> True	<input type="checkbox"/> False
Heat will be maintained to prevent all plumbing heating and/or fire protective systems from freezing, or water shut off and pipes drained if heat is not maintained.	<input type="checkbox"/> False	<input type="checkbox"/> True
The building has a flat roof that has been replaced or recoated within the past 10 years or a shingled roof has been replaced or resingled within the past 20 years.	<input type="checkbox"/> False	<input type="checkbox"/> True
Plumbing is PVC or copper.	<input type="checkbox"/> False	<input type="checkbox"/> True
24. Is the construction site protected with a locked fence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Is a watchman on premises 24 hours per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Kentucky Fraud Statement: 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title _____ Date: _____
(Owner, Principal, or Partner)

Broker's Signature: _____ Date: _____

Address: _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail Completed Application Through Local Agent or Broker to: _____