



# Builder's Risk Renovation Application

*This supplemental application must be attached to the accord general applicant information application – ACORD 125*

## I. Limits Of Insurance

Name Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

Insured is:  owner  contractor

Name of Contractor \_\_\_\_\_  
(If different than name insured)

# of Years in Business \_\_\_\_\_

Contractor Mailing Address

Loss History / 5 Years

Estimated Start Date Of Project \_\_\_\_\_

Estimated Completion Date of Project? \_\_\_\_\_

Estimated Term Of Project \_\_\_\_\_ Months

Currently Under Renovation?  yes  no

If Yes - Original Start Date? \_\_\_\_\_

(If yes to prior start, attach prior start questionnaire required)

## II. Limits Of Liability

Existing Structure (If Applicable) \$ \_\_\_\_\_

Temporary Storage \$ \_\_\_\_\_

Renovation Value(s) \$ \_\_\_\_\_

Transit \$ \_\_\_\_\_

New Addition Value (If Applicable) \$ \_\_\_\_\_

Total Insured Values \$ \_\_\_\_\_

Does Limit Include Profit?  yes  no

## III. Optional Coverages

Earth Movement  ISO EQ Zone:  1  2  3  4  5

Flood  FEMA Flood Zone:  A  B  C  X  V

If Zone A or V: 100-Year Based Flood Elevation? \_\_\_\_\_ Elevation of First Finished Floor? \_\_\_\_\_

Soft Costs  \$ \_\_\_\_\_

Loss of Rents  \$ \_\_\_\_\_

(Must attach a complete breakdown)

Loss of Earnings  \$ \_\_\_\_\_

## IV. Deductibles

AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)

\$ 1,000  \$ 2,500  \$ 5,000  Other  \$ \_\_\_\_\_



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## V. Project Information

Location Address \_\_\_\_\_  
Street Address
City
County
ST
ZIP

Project Type: Residential:  single family  multi-family Commercial:

Remodel:  Remodel of interior finishes / replacement of interior Fixtures, cabinets, flooring, etc.

Remodel / Minor Structural:  Remodel of interior finishes and minor changes to exterior (doors/windows/exterior painting) including all nonstructural changes (HVAC/plumbing/electrical)

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):

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:  inside  outside

Distance To Nearest Working Public Fire Hydrant \_\_\_\_\_ Distance To Nearest Responding Fire Department \_\_\_\_\_

Distance From Coastal Waters \_\_\_\_\_ Feet \_\_\_\_\_ Miles

Total Sq. Ft. Area \_\_\_\_\_ # of Stories \_\_\_\_\_

# of Buildings \_\_\_\_\_ Approx. Distance Between Buildings \_\_\_\_\_

Intended Occupancy \_\_\_\_\_ Previous Occupancy \_\_\_\_\_

Occupied During Renovations?  yes  no



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Construction Type:  frame  
(Check one)

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

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

noncombustible

Walls / floors / roof are constructed of and supported by metal, asbestos, gypsum or other non-combustible material

masonry noncombustible

Walls are constructed of masonry materials of the type described in masonry joist above but with a floor and roof constructed of metal or other non-combustible material

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 \_\_\_\_\_ Historic Landmark?  yes  no  
Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_ Date(s) Remodeled/Renovated \_\_\_\_\_

Private Protection: Will these systems be operational during renovation?

Automatic Sprinkler System  yes  no

Burglar Alarm System  yes  no

Sprinkler System Alarms  yes  no

Fencing / Lighting  yes  no

Watchman Service  yes  no

Hours on Site? \_\_\_\_\_

Has Structure Ever Sustained Damage From Windstorm, Earthquake, Fire, etc.?  yes  no

If Yes - Describe \_\_\_\_\_

Nearest Exposed Structure: Occupancy \_\_\_\_\_ Distance To \_\_\_\_\_ Construction Type \_\_\_\_\_

Are Buildings Transferred To Permanent Coverage Once Completed? \_\_\_\_\_

If Yes - Please Indicate Maximum # Of Bldgs. Under Construction At Any One Time And The Corresponding Values:

\_\_\_\_\_



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## VI. Loss Control

Debris Removed From Site At Regular Intervals?  yes  no      Frequency \_\_\_\_\_

Public Water Supply In Service At Site?  yes  no

Brush Area?  yes  no      If Yes - Clearance From Site? \_\_\_\_\_

Provide Any Additional Information Available (Windspeed Design, Special Construction Features, Mortgage Holder, Loss Payee...)

## Signatures

\_\_\_\_\_  
Signature of Applicant (must be officer or owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title