



SUPPLEMENTAL BUILDERS RISK RENOVATION 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	# OF YEARS IN BUSINESS: _____
NAME OF CONTRACTOR: _____	LOSS HISTORY / 5 YEARS _____
(IF DIFFERENT FROM NAMED INSURED)	
CONTRACTOR MAILING ADDRESS: _____	

ESTIMATED START DATE OF PROJECT: _____	ESTIMATED COMPLETION DATE OF PROJECT: _____
ESTIMATED TERM OF PROJECT: _____ MONTHS	CURRENTLY UNDER RENOVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES – ORIGINAL START DATE: _____
	(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)					
WINDSTORM: <input type="checkbox"/>	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?			\$ _____	
EARTH MOVEMENT: <input type="checkbox"/>	ISO EQ ZONE:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5
FLOOD: <input type="checkbox"/>	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? _____	
SOFTS COSTS: <input type="checkbox"/>	\$ _____	LOSS OF RENTS:	<input type="checkbox"/> \$ _____		
(MUST ATTACH COMPLETE BREAKDOWN)		LOSS OF EARNINGS:	<input type="checkbox"/> \$ _____		

DEDUCTIBLES: AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)					
\$ 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: _____					
STREET ADDRESS	CITY	COUNTY	ST	ZIP	

PROJECT TYPE: RESIDENTIAL: SINGLE FAMILY TWO 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: _____

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: _____ APPROXIMATE DISTANCE BETWEEN BUILDINGS: _____

INTENDED OCCUPANCY: _____ PREVIOUS OCCUPANCY: _____

OCCUPIED DURING RENOVATIONS? YES NO

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 OF STRUCTURE: _____ 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: FENCING / LIGHTING:

WATCHMAN SERVICE: YES NO HOURS ON SITE?: _____

HAS STRUCTURE EVER SUSTAINED DAMAGE FROM WINDSTORM, EARTHQUAKE OR 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 TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

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? _____

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):
