

## Builders Risk / Renovation Floater Application

Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business address (if different): \_\_\_\_\_

|                          |                                |           |
|--------------------------|--------------------------------|-----------|
| City:                    | State:                         | Zip Code: |
| Phone:     -     -       | Fax:     -     -               | Email:    |
| Project Address:         |                                |           |
| Proposed start-up date:  | Estimated duration of project: |           |
| Proposed effective date: | Expiration date:               |           |

### HOW MUCH INSURANCE DO YOU DESIRE (Limits Requested)

|    |    |   |
|----|----|---|
| A. | \$ | Existing building (if to be insured hereunder)                  |
| B. | \$ | Improvements and Betterments                                    |
| C. | \$ | Completed Value (A + B)   |
| D. | \$ | While temporarily off-site at other locations awaiting delivery |
| E. | \$ | While in transit job site                                       |
| F. | \$ | Loss of Rents / Income (commercial property only)               |

### PREMISES OR PROPERTY INFORMATION

|    |  |  |   |
|----|--|--|---|
| A. | Construction of Building   | <input type="checkbox"/> Frame<br><input type="checkbox"/> Brick                                   | <input type="checkbox"/> Joisted Masonry<br><input type="checkbox"/> Non-Combustible<br><input type="checkbox"/> Fire Resistive |
| B. | <input type="checkbox"/> Sole or <input type="checkbox"/> Multiple tenant  | <input type="checkbox"/> Owned or<br><input type="checkbox"/> Leased                               | <input type="checkbox"/> Residential<br><input type="checkbox"/> Commercial or<br><input type="checkbox"/> Mixed built          |
| C. | Distance from  | Fire Dept Hydrant  | Nearest body of water   |
| D. | Are there any fire and / or burglar protective devices (i.e. alarms, smoke detectors, sprinklers, fire extinguishers, etc) at this location? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | Any watchmen or guards when closed?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | Will property be completely fenced?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | All entrances / exits covered or gated?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | If you have an alarm, is it  | <input type="checkbox"/> Local <input type="checkbox"/> Central <input type="checkbox"/> Certified |   |
|    | Do you have motion detectors?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | Do all doors and windows have contacts?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | Smoke detectors  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| E. | Number of floors in the building:  | Number of basements:   | Floors you are working on :   |
| F. | Total square footage of your area or residence   |  |   |

**NAMES AND ADDRESSES**

General Contractor: \_\_\_\_\_  
 Architect: \_\_\_\_\_  
 Name and number  
 of loss control  
 inspection contact: \_\_\_\_\_

Description of work  
 being performed: \_\_\_\_\_

Describe any structural alterations being made (i.e. removal of load bearing walls; piercing of floors for staircase or elevator; piercing of roof for skylights; addition of floor; etc) \_\_\_\_\_

**ANALYSIS OF EXPENSE BY CATEGORY (Provide contract specifications if available):**

|                   |    |              |    |
|-------------------|----|--------------|----|
| Demolition        | \$ | HVAC         | \$ |
| Excavation        | \$ | Exterior     | \$ |
| Sidewalk/Driveway | \$ | Roofing      | \$ |
| Foundation        | \$ | Other        | \$ |
| Plumbing          | \$ | Total "Hard" | \$ |
| Carpentry         | \$ | SOFT: GC Fee | \$ |
| Walls, Floors     | \$ | Architect    | \$ |
| Construction      | \$ | Other        | \$ |
| Electrical        | \$ | Total Soft   | \$ |

**FINANCIAL INSTITUTIONS PROVIDING LENDING, OR ANY PARTY(IES)**

Name(s) and address(es) to be listed as Additional Insured(s) or Loss Payee(s), and their interest:

\_\_\_\_\_

**LOSS INFORMATION:**

Provide a statement covering all losses (insured or uninsured) during the past 5 years involving similar coverage, with dates, nature of loss and amount, name of insured, and whether paid in full or otherwise.

\_\_\_\_\_

Has any policy during the last 5 years been cancelled or non-renewed?  Yes  no

If "YES" please explain \_\_\_\_\_

Who are you currently insured with? \_\_\_\_\_

Should you have any specific or unusual insurance requirements, please explain

\_\_\_\_\_

**INSURED'S WARRANTY**

I UNDERSTAND INSURANCE IS NOT IN EFFECT UNLESS POLICY OR WRITTEN BINDER IS ISSUED.

I REPRESENT THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND ACCURATE. ANY MATERIAL DISCREPANCIES MAY CAUSE ANY SUBSEQUENTLY-ISSUED POLICY TO BE AMENDED OR CANCELLED, AT THE DISCRETION OF UNDERWRITERS.

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent or Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Agent or Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_