

WESTERN PACIFIC INSURANCE NETWORK
10397 W CENTENNIAL ROAD #250
LITTLETON, CO 80127

BUILDERS RISK RENOVATIONS
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: _____ Owner _____ Contractor

Of Years In Business: _____

Name Of Contractor: _____ (If Different From Named Insured)

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)

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: _____ Is Project Location Eligible For Coverage In A Wind Pool? _____ Yes _____ No

If Yes – Maximum Limit Available In Wind Pool? \$_____

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 Base Flood Elevation? _____ Elevation Of First Finished Floor? _____

Softs Costs: \$_____ (Must Attach Complete Breakdown)

Loss Of Rents: \$_____ Loss Of Earnings: \$_____

Deductibles: AOP Deductible (Catastrophe Peril Deductible Will Be Determined By The Company)

\$500 (Residential Only) _____ \$1,000 _____ \$2,500 _____ \$5,000 _____ Other \$ _____

Project Information:

Location Address: _____

Street Address

City

County

ST

Zip

Project Type: 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: (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: _____ Approximate Distance Between Buildings: _____

Intended Occupancy: _____ Previous Occupancy: _____

Occupied During Renovations? _____ Yes _____ No

Construction Type: (Check One)

Frame _____ 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 N 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: _____ Yes _____ No Fencing / Lighting: _____ Yes _____ No

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.): _____

