



## BUILDERS RISK RENOVATIONS APPLICATION

All questions must be completed in full. If space is insufficient to fully answer a question, attach a separate piece of paper.

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

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

Proposed Effective Date: From: \_\_\_\_\_ to \_\_\_\_\_ Website: \_\_\_\_\_

Business structure:  Individual  Partnership  Joint Venture  Corporation  
 Subchapter "S" Corporation  Limited Corporation  
 Not for Profit Organization  Other \_\_\_\_\_

Years in business? \_\_\_\_\_

### PREMISES INFORMATION

Loc #	Bldg #	Street, City, State, Zip Code	PC	Construction Type	Age	Square Footage	# of Stories

Description of Project by Premises:

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### PRIOR CARRIER INFORMATION:

Category	Year:	Year:	Year:	Year:
Carrier				
Policy Number				
Total Premium				

### LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior five years

None  See attached Loss Summary

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open or Closed

## GENERAL INFORMATION:

1. Is Named Insured  Owner?  General Contractor?  Tenant?  Other
2. Is this a new purchase?  Yes  No
3. If yes, purchase price of property? \$ Purchase Date:
4. Actual Cash value of existing structure: \$ Market Value \$
5. Cost of renovations: \$
6. Intended occupancy:
7. Previous occupancy:
8. Any additions made to existing structures?  Yes  No  
If yes, please describe and list the new square footage:
9. Is any part of the building currently occupied?  Yes  No  
If yes, describe occupancy:
10. Estimated length of project
11. Describe any work that has already started:
12. Describe security at job site:  Watchman  Fence  Other
13. Perils  All Risk  Named Perils
14. Are any buildings currently damaged?  Yes  No  
If yes, please describe:
15. Deductible
16. If a coastal location, provide distance to tidal water:
17. Extent of renovation to building. Be specific:
18. Any buildings protected by sprinkler systems?  Yes  No  
If yes, please explain:
19. Will the heat be maintained during the renovation project?  Yes  No
20. Is renovation being done on a speculative basis?  Yes  No
21. Describe any structural alterations or work on load bearing walls:
22. Any structures subject to demolition?  Yes  No  
If yes, please describe:
23. Will any buildings be vacant more than 60 days prior to the beginning of construction?  Yes  No
24. Are Certificates of Insurance obtained?  Yes  No

## APPLICANT'S SIGNATURE

### PRIVACY NOTICE

Personal information about you may be collected from persons other than you in connection with this application for insurance. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

### FRAUD NOTICE STATEMENTS

Notice to Alaska resident applicants: "a person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law."

Notice to Arkansas resident applicants: "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."



Notice to Arizona resident applicants: “for your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties”.

Notice to Colorado resident applicants: “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 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”.

Notice to District of Columbia resident applicants: “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”.

Notice to Florida resident applicants: “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”.

Notice to Kentucky resident applicants: “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”.

Notice to Louisiana resident applicants: “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”.

Notice to Maine resident applicants: “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 denial of insurance benefits”.

Notice to Maryland resident applicants: “any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison”.

Notice to Minnesota resident applicants: “any person who, with intent to defraud or knowing that he / she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud”.

Notice to New Jersey resident applicants: “any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties”.

Notice to New Mexico resident applicants: “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 civil fines and criminal penalties”.

Notice to new york resident applicants: “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”.

Notice to Ohio resident applicants: “any person who, with intent to defraud or knowing that he / she is facilitating a fraud against any insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud”.

Notice to Oklahoma resident applicants: “any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony”.

Notice to Oregon resident applicants: “any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law”.

Notice to Pennsylvania resident applicants: “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”.

Notice to Tennessee resident applicants: “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”.

Notice to Texas resident applicants: if a life, health and accident insurer provides a claim form for a person to use to make a claim, that form must contain the following statement or a substantially similar statement: “any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison”.

Notice to Virginia resident applicants: “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 and denial of insurance benefits”.

Notice to Washington resident applicants: “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 and denial of insurance benefits”.

Notice to West Virginia resident applicants: “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”.

Signing the application does not bind the Company to provide or you to purchase this insurance. It is understood that the information provided herein becomes part of the application for insurance and is subject to the same declarations, representations and conditions. This application must be signed by a director, executive officer, partner or equivalent.

*The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

