



## 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:     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: \_\_\_\_\_

**LIMITS OF LIABILITY:**

EXISTING STRUCTURE (IF APPLICABLE):	\$ _____	TEMPORARY STORAGE:	\$ _____
RENOVATION VALUE(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:                                            \$ \_\_\_\_\_                      LOSS OF RENTS:                                            \$ \_\_\_\_\_

(MUST ATTACH COMPLETE BREAKDOWN)

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:                      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
- 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 BUGLAR 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.):

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