



THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

- 1 In which state is the property to be insured? _____
- 2 Please confirm the type of property to be insured: Residential Commercial Farm Other
- 3 Has the applicant had any policy of property insurance cancelled or non-renewed in the past 3 (three) years for reasons other than vacancy? Yes No
- 4 Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud? Yes No
- 5 Is the land on which new construction is taking place subject to any tax or mortgage liens? Yes No
- 6 Is the new construction to be insured subject to more than 2 (two) mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution? Yes No
- 7 Is the new construction located in a high crime neighborhood? Yes No
- 8 Will the new structure exceed 3 (three) stories or 30,000 square feet? Yes No
- 9 Has the construction work already begun? Yes No
- 10 Is the new construction any of the following: being raised / elevated / lifted, modular, manufactured or mobile homes, earth homes, dome homes, open pier, stilt homes, row or town homes, unique, green or experimental or any other non conventional building? Yes No
- 11 Does the construction work involve any of the following: demolition or underpinning of an existing building or structure, lead, asbestos or other pollutant abatement? Yes No
- 12 Is the applicant acting as Contractor? Yes No
- 13 Are all relevant permits in place and is the Contractor licensed? Yes No
- 14 Is there a signed written contract between the applicant and the Contractor? Yes No
- 15 Are there any agreements (including but not limited to hold harmless, waivers of subrogation or any other contractual provision) in place which Yes No

would relieve any contractors or workers on the project from liability?

- 16** Are there any documents providing a breakdown of the projected cost of the work? Yes No
- 17** Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000? Yes No

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

_____ State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

_____ State _____ Zip code _____

Name and Address of Retail Broker: _____

_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

- 18** Period of Insurance 3 Months 6 Months 9 Months Annual
- 19** Enter Protection Class _____
- 20** Completed Value of newly constructed building _____
- 21** Total Square Footage of Proposed Final Structure _____
- 22** Construction Type
- | | | | |
|------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------------------------|
| Frame <input type="checkbox"/> | Non-Combustible Masonry <input type="checkbox"/> | Modified Fire Resistive <input type="checkbox"/> | Frame <input type="checkbox"/> |
| Joisted Masonry <input type="checkbox"/> | Non-Combustible <input type="checkbox"/> | Fire Resistive <input type="checkbox"/> | Joisted Masonry <input type="checkbox"/> |
- 23** Number of Floors _____
- 24** Wind Hail Deductible per occurrence
- | | | | |
|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| \$1,000 <input type="checkbox"/> | \$5,000 <input type="checkbox"/> | \$10,000 <input type="checkbox"/> | \$2500 <input type="checkbox"/> |
| \$2,500 <input type="checkbox"/> | \$7,500 <input type="checkbox"/> | \$15,000 <input type="checkbox"/> | |

25 All Other Perils Deductible \$1,000 \$5,000 \$10,000
\$2,500 \$7,500 \$15,000 \$2500

26 Type of Quote Basic Special

27 Estimated Renovation or Construction Work Project Costs: _____

28 Description of New Construction Works _____

29 What is the CGL Limit carried by the Contractor 300K 500K 1M

30 Is Vandalism and Malicious Mischief cover required? Yes No

31 Do you wish to buy coverage for Theft of Building Materials? Yes No

32 Is TRIPRA coverage required Yes No

33 Please select type of Security at Location to be insured

Fenced and/or	Active Automatic Sprinkler System <input type="checkbox"/>	Active Central Station Fire Alarm <input type="checkbox"/>	Lighting on property location <input type="checkbox"/>
Gated <input type="checkbox"/>			None <input type="checkbox"/>
Guarded <input type="checkbox"/>			

34 Have there been any insured or uninsured losses or claims at the property to be insured: Yes No

35 Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired

36 Prior use of Land, when last occupied _____

37 If required, please enter details of Additional Insured

DECLARATION

The answers given in this application are correct to the best of my knowledge. I understand that these answers will form part of a policy that is subsequently offered. I also understand that any false statement may void the insurance in its entirety or result in a claim being denied.

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 and subjects the person to criminal and (NY: substantial) civil penalties. (not applicable in CO, HI, NE, OH, OK, or, VT for which see attached). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant's Signature: _____ Date: ____/____/____

Retail Broker's Signature: _____ Date: ____/____/____