



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 Does the existing structure exceed 3 (three) stories or involve adding a story to the existing structure or will exceed 30,000 sq. ft when complete? Yes  No
- 9 Is the property to be insured any of the following: manufactured or mobile structure, unique, green or experimental or any other non-conventional building? Yes  No
- 10 Does any of the work involve any of the following: renovation after fire, theft or vandalism, extensive gutting, demolition, underpinning, raising, elevating, lifting or placing on pilings of an existing building or structure, lead, asbestos or other pollutant abatement? Yes  No
- 11 Is the property to be insured recognized as an historical building? Yes  No
- 12 Will the property to be insured remain locked & secured against unauthorized entry throughout the policy period when building is unattended? Yes  No
- 13 Does the property to be insured include knob and tube wiring or aluminum wiring or fuses? Yes  No

- 14** Is replacing the knob and tube wiring or fuses with new wiring and circuit breakers included within project? Yes  No
- 15** Is the applicant acting as Contractor? Yes  No
- 16** Is the applicant performing any of the work? Yes  No
- 17** Are all relevant permits in place and is the Contractor licensed? Yes  No
- 18** Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000? Yes  No
- 19** Does the project involve structural work or structural repairs or is the renovation/remodeling project costs more than 50% of the existing structure value? Yes  No
- 20** Is there a signed written contract between the applicant and the Contractor? 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

**21** Period of Insurance 3 Months  6 Months  9 Months  Annual

**22** Enter Protection Class \_\_\_\_\_

**23** Value of Existing Structure \_\_\_\_\_

**24** Total Square Footage of Final Structure \_\_\_\_\_

<b>25</b>	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"/>
<b>26</b>	Age of Building or last full utility upgrade in (full upgrade refers to upgraded electrics, heating & plumbing)		20+ <input type="checkbox"/>	21-50 <input type="checkbox"/>	50+ <input type="checkbox"/>
<b>27</b>	Are there any other structures to be insured?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>28</b>	Value of Other Structure(s):			_____	
<b>29</b>	Brief Description of Other Structure				
<b>30</b>	Do you require Personal Property?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>31</b>	Value of Personal Property:			_____	
<b>32</b>	Number of Floors:			_____	
<b>33</b>	Wind Hail Deductible per occurrence:	\$1,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	
		\$2,500 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>	\$15,000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>
<b>34</b>	All Other Perils Deductible:	\$1,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	
		\$2,500 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>	\$15,000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>
<b>35</b>	Type of Quote			DP1 <input type="checkbox"/>	DP3 <input type="checkbox"/>
<b>36</b>	Estimated Renovation or Construction Work Project Costs:			_____	
<b>37</b>	What CGL Limit carried by the Contractor?		300K <input type="checkbox"/>	500K <input type="checkbox"/>	1M <input type="checkbox"/>
<b>38</b>	Is Vandalism and Malicious Mischief cover required?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>39</b>	Do you wish to buy coverage for Theft of Building Materials?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>40</b>	Is Sprinkler Leakage Cover required?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>41</b>	Premises Liability?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>42</b>	Premises Liability Limits:	\$100,000/ 200,000 <input type="checkbox"/>	\$300,000/ 600,000 <input type="checkbox"/>	\$500,000/ 1,000,000 <input type="checkbox"/>	\$1,000,000/ 2,000,000 <input type="checkbox"/>
<b>43</b>	How often is the building to be insured inspected by the applicant or the applicant's representative?	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>

**44** Which Utilities are operational?

Electricity  
Only

Water  
Only

Electricity &  
Water

None

**45** Please select type of Security at Location to be insured:

Fenced and/or  
Gated   
Guarded

Active  
Automatic  
Sprinkler  
System

Active Central  
Station Fire  
Alarm

Lighting on  
property  
location   
None

**46** Have there been any insured or uninsured losses or claims at the property to be insured?

Yes

No

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

**47** Describe the type of work to be performed during the policy period:

- Replacing washroom fixtures
- Interior painting
- Replacing kitchen cabinets/furnishing
- Exterior painting
- Replacing plumbing, electrical or heating
- Replacing roof shingles
- Replacing exterior windows or doors
- Extension to building
- Removing/replacing/adding load bearing walls
- Reconfiguring interior units, moving non load bearing walls/doors
- Other

If 'Other', please describe the type of work:

**48** 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: \_\_\_\_/\_\_\_\_/\_\_\_\_