



ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

Name & Address of Applicant: _____

Interest of Applicant Owner Contractor Other _____

Mortgage/ Loss Payee: _____

Policy Term: From _____ to _____

Deductible: \$1000 \$2500 Other _____

Description of Project: _____

Location of Project: _____

Limits of Insurance: \$ _____

Contractor:

Name/Address: _____ Yes No

Has contractor engaged in this type of project before? Yes No If Yes, for how many years?

CONSTRUCTION

- 1 Frame Non-Combustible Masonry Modified Fire Resistive Frame
Joisted Masonry Non-Combustible Fire Resistive Joisted Masonry

2 Estimated time to complete project: _____ months

3 Total square footage: _____ 4 Number of floors: _____

5 Intended occupancy when completed: _____

6 Type of Project: Ground-Up Construction Modular Renovation/Rehabilitation Addition
If modular, indicate the manufacturer's name and website/telephone number: _____

7 Is construction _____ Lift Slab Tilt-Up Prototype

8 Is the project on filled land? Yes No If yes, are pilings used? Yes No

PROTECTION

- 1 Distance to operating fire hydrant: _____
- 2 Town Protection Class: _____
- 3 Will temporary heating be used? Yes No If yes, describe: _____
- 4 Will the project site be:
- Fenced? Yes No
- Locked? Yes No
- Lighted? Yes No
- 5 Will there be a watchman on premises during non-construction hours? Yes No If yes, describe: _____

SOFT COSTS

Is Soft Cost coverage required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, check the type desired and indicate limit: _____
Construction Loan Interest <input type="checkbox"/>	Real Estate and Property Taxes <input type="checkbox"/>		Architect, Engineering and Consultant Fees <input type="checkbox"/>
Legal and Accounting Fees <input type="checkbox"/>	Builder's Risk and Insurance Premium Charges <input type="checkbox"/>		Advertising and Promotional Expenses <input type="checkbox"/>

RENOVATION/REHABILITATION SECTION

- 1 What is the purchase price of the building? \$ _____
 Does this include the value of the land where the building is situated? _____
 If yes, please give an approximate value of the land? _____
- 2 What limit is being requested on? Existing Building: \$ _____ New Construction: \$ _____
- 3 Does the property have any historical designation? _____
- 4 Does the property have any ornamental facades, fixtures, stained glass or other appointments? Yes No
- If yes, please provide specifics including description and value: _____

5 Does the property have any ornamental facades, fixtures, stained glass or other appointments? Yes No
If yes, describe: _____

6 Will any of the following systems be completely removed or replaced?
Electrical Sprinkler/Standpipes
Heating Air Conditioning
Plumbing Roof

7 What are the exterior exposures and what are their distance from this building? _____

8 Are adjacent buildings vacant or unoccupied? _____

9 What is the general condition of the surrounding area? _____

10 What fire and burglary detection systems and measures will be in place and operational during construction? _____

11 What are the prospective occupancies? _____

12 Will there be any occupants during construction? Yes No If yes, describe: _____

13 What was the original building's occupancy designation? _____

14 What was the type of occupancy immediately before renovation or rehabilitation? _____

15 What is the insured's experience in renovation projects? _____

16 What is the contractor's experience in this type of project? _____

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

Insured's Signature: _____ Date: ___/___/___