

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: ___/___/___