

Producer: Name / Address / Phone / Fax

Effective Date _____ / _____

Applicant's Name & Address :

Applicant's Phone #:

Do you feel the Applicant is financially sound: Yes No

Coverage Requested

Terms: 3 Months 6 Months 12 Months
 Property Building Limit Requested (existing limit plus Cost of renovations) _____
 Liability Premises Liability: \$100,000 \$300,000 \$500,000 \$1,000,000

Has there been Lapse in Coverage No Yes # of days _____

Property Info

Property Address: _____

Value of Existing Structure: _____

Of Stories _____ Year Built _____

Protection Class _____ Construction _____

Buildings _____ Square Footage _____

Other Structure _____ Other Structure Limit _____

Cost of Renovations _____

How long has property been Vacant _____ Why? _____

How long has Applicant owned the property _____

Is this Ground Up New Construction _____, If so has Construction already started _____

Underwriting Info

Who is doing work? _____

What is intended Disposition upon completion of Rehab _____

Type of Neighborhood _____

Type of Roof _____ When last Updated _____

Type of Wiring _____ When last Updated _____

Type of Plumbing _____ When last Updated _____

Type of Heating _____ When last Updated _____

Is there Central Heating Yes No

Is there an underground fuel tank? Yes No

Is property located near **coastal waters or major rivers**? Yes No If yes distance to water?

Is this commercial building? Yes No

Is the Project on firm natural ground? Yes No

Will Load-bearing walls be removed? Yes No

Are any non-standard construction techniques used? Yes No

Does Property have a swimming pool? Yes No

In ground with code approved fence Yes No Above the ground with removable ladder Yes

Other _____

Is building secured/alarmed ?

Yes No

Are there any potential pollution hazard?

Yes No

Time frame to Completion _____

Is there a knob and tube wiring? _____

Yes No

Are the utilities operational?

Yes No

If heat is on, have water pipes been drained?

Yes No

Loss History: _____

Insured Work Info

Is applicant doing the work? _____

What qualifications/ experience does the applicant have _____

Describe what work applicant is doing _____

What is the cost of Sub-contractors? _____

Additional Underwriting Info _____

Please Describe in detail all renovation work to take place _____

Contractor work info

Is contractor doing the work? _____

Contractor Name _____

Contractor Phone _____

Contact Person _____

Current CGL Insurer _____

Do you feel the contractor is financially sound? _____

Please describe what work contractor is doing _____

Is the project similar to others undertaken by contractor? _____

Has contractor had any losses? (Please explain) _____

Insured (signature)

Date

Agent (signature)

Date
