

REMODELING AND RENOVATION APPLICATION
AGENCY INFORMATION

Agency Name
Broker Name
Agency Mailing Address Street
City State Zip Code
Phone Email

▶ SECTION 1: Insured Information

Insured Name
Property Address Under Construction – Street
City State Zip Code Country
Insured Mailing Address - Street
City State Zip Code Country
Contact name Phone
Email Address

▶ SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner? Owner Builder Builder/Owner

Builder Name
Builder Address – Street
Builder Address – City State Zip Code

Does the builder have two years' experience? Yes No
Is the builder licensed? Yes No
Is the project brand new construction? Yes No
Is the project remodeling or renovation? Yes No
Is work structural? Yes No
Is coverage being requested for existing structure? Yes No

What is the age of the structure?

What is the actual cash value or purchase price, excluding land of the existing structure?

What is value of renovations and improvements?

What is total project insured value?

Does the property have any historical designation? Yes No

Does the structure have any unusual architectural or structural features? Yes No

Will the existing roofline be changed due to the project? Yes No

Is foundation work being done as part of the renovation? Yes No

Any demolition work being done? Yes No

Is debris removed from site at regular intervals? Yes No

Is the structure a 1-4 unit family building? Yes No

Is the structure a commercial building? Yes No

Is this an installation floater? Yes No

What is the intended occupancy of the building?

Will construction include waste water treatment facilities/civil works (bridges/tunnels)? Yes No

What is the total number of structures for this location?

Is the builder insuring other properties with Schinnerer within 100 ft. of this structure? Yes No

If yes, what is the total value of all structures?

Has the insured been cancelled or non-renewed by any previous insurance carrier? Yes No

Has the builder had any builders risk losses in the last three years? Yes No

If yes, please provide amount, date and description.

▶ SECTION 3: Property Information

What is the county?

Construction type? Choose an item. Protection class?

What is the square footage? How many stories in the building?

Will the structure be occupied during construction? Yes No

Were there any previous losses at this location? Yes No

▶ SECTION 4: Project and Coverage Information

Has the project started? Yes No What was or will be the start date?

What is the estimated completion date?

Is there a sales contract on this structure? Yes No

Is the structure modular or mobile? Yes No

Does the project involve 'tilt up' construction? Yes No

If project started what is the percentage complete?

Select a deductible Choose an item.

▶ SECTION 5: Coverages included in policy

Select the optional coverages and associated limits you want include in this submission?

	Current Limit	Desired Limit
Collapse	Included	Cannot be increased
Scaffolding, construction forms and temporary structures	\$20,000	
Debris Removal	\$150,000	
Discharge from sewer, drain or sump	\$5,000	
Fire department service charge	\$10,000	
Valuable papers and records	\$20,000	
Pollutant clean up and removal	\$15,000	
Ordinance of law – direct damage		
1. Coverage for loss to undamaged portal of building	Included	Cannot be increased
2. Demolition cost coverage	\$100,000	
3. Increased cost of construction	\$100,000	
4. Combined aggregate	\$150,000	
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	

Property at a temporary storage location	\$100,000	
Property in transit	\$100,000	
Expediting expenses	\$50,000	
Limited coverage for "fungi," wet rot and dry rot	\$5,000	
Soft costs	\$50,000	

▶ **SECTION 6: Additional Coverages - Select the optional coverages and associated limits**

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Desired Limit
Green Builder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contract Change Order Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business Income & Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission to occupy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 7: Wind Coverage Information**

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA).

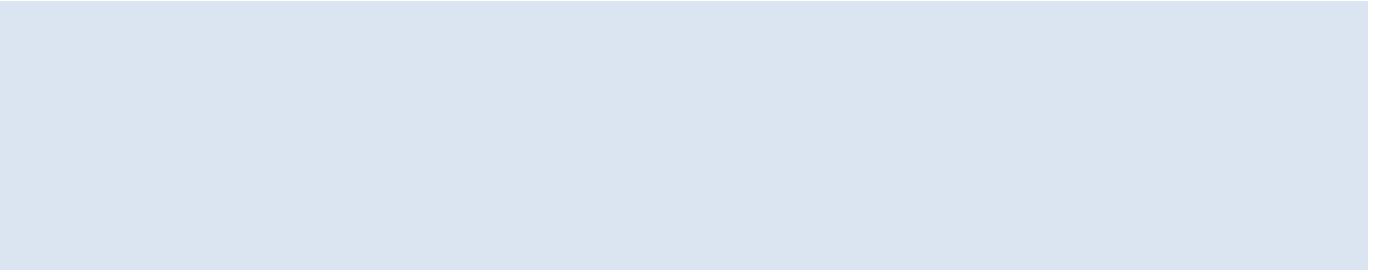
Do you want to exclude wind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure located within 1,000 feet of ocean, sea, bay or gulf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the risk eligible for the wind pool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the building on pilings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Percentage of the structure to be complete by November 1st	<input type="text"/>	
When will the building be capped/reach its highest point?	<input type="text"/>	
When will the building be fully enclosed?	<input type="text"/>	
What percentage of the structure is glass?	<input type="text"/>	
Is the glass impact resistant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

▶ **SECTION 8: Additional Interest**

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

Name	<input type="text"/>	Loan number	<input type="text"/>
Mailing Address Street	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

▶ SECTION 9: Additional Information - **Please provide a detailed description of project or scope of work:**



Premium is due in full 10 days after the effective date.

