



BUILDER'S RISK RENOVATION AND REHABILITATION APPLICATION

(See Builder's Risk Application for Ground-up only projects)
(Only complete the Prior Start Renovation section if applicable)

Name of Applicant:
Address:
City: State: Zip:

Name of Producer:
Address:
City: State: Zip:

Applicant is: Individual Partnership Corporation Other:
Interest of Applicant: Owner Contractor Other:

Name and Address of Mortgagee:
Name:
Address:
City: State: Zip:

Jobsite Loss Control Contact:
Email Address: Phone Number:

Risk Management Contact: (check if same as Jobsite Contact):
Email Address: Phone Number:

Policy Term: From: To:
Estimated Time to Complete Project:

Address of Project:

SECTION I – LIMITS OF INSURANCE

1. Is the Applicant requesting to insure the building where the renovation/ remodeling is to take place? Yes No
If yes, what is the Replacement Cost Value of the building before the renovations are made? \$
2. Cost of Renovation/Remodeling (contract value to renovate the building) \$
 - a. In temporary storage at any location other than the project site \$
 - b. While in Transit \$
 - c. Extra Expense Limit (**Choose Applicable Types and indicate limit**)

Construction Loan Interest	\$	
Real Estate and Property Taxes	\$	
Architect, Engineering and Consultant Fees	\$	
Legal and Accounting Fees	\$	
Builder's Risk Insurance Premium Change	\$	
Advertising and Promotional Expenses	\$	
Total Extra Expense Limit		\$
 - d. Loss of Rents Limit \$
 - e. Flood Limit \$
 - f. Earthquake Limit \$
3. Deductible:
The deductible will be determined by the below chart. If a higher deductible is desired, please indicate: \$

All Construction Types	
Project Size	Minimum Deductible
< \$5,000,000	\$5,000
>\$5,000,000 up to \$20,000,000	\$10,000
>\$20,000,000	\$25,000

4. Is equipment breakdown coverage desired? Yes No

SECTION II - CONTRACTOR

Contractor:

Name:

Address:

City:

State:

Zip Code:

- | | | |
|---|-----|----|
| 1. Has the contractor engaged in this type of project before?
If yes, for how many years? | Yes | No |
| 2. Contractor License Number: | | |
| 3. Contractor Website Address: | | |
| 4. Has the contractor had a loss greater than \$50,000 on a project in the last 5 years?
If yes, please explain. | Yes | No |
| 5. Does the contractor have any judgments or suits pending? | Yes | No |
| 6. Has the Contractor been cited for any OSHA violations within the last 4 years?
If yes, explain. | Yes | No |
| 7. Does the Contractor have a written safety program in place in compliance with OSHA 29
CFR/1910?
If yes, please attach a copy. | Yes | No |
| 8. Does the contractor employ a designated job site risk manager?
If yes, how often will this site be visited? | Yes | No |
| 9. How will the jobsite be maintained from a housekeeping standpoint?
Each sub-contractor is responsible for their work area(s)
Dedicated housekeeping crew(s) will be provided | | |
| 10. Will there be hot work performed on this job?
If yes, please provide a copy of hot work program. | Yes | No |
| 11. Are sub-contractors licensed? | Yes | No |
| 12. Does the Contractor obtain evidence of insurance from sub-contractors? | Yes | No |
| 13. Does the Contractor pre-qualify sub-contractors?
If yes, explain. | Yes | No |

SECTION III - CONSTRUCTION

(Indicated Existing Construction with "E" and New Construction with "N")

Construction	E	N	Construction	E	N
Frame			Joisted Masonry		
NonCombustible			Masonry NonCombustible		
Fire Resistive / Modified Fire Resistive					

- | | | |
|--|-----|----|
| 1. Is construction: lift slab tilt-up prototype modular | | |
| 2. Is the project on filled land? (If yes, please attach geo-technical report) | Yes | No |
| 3. Are pilings used? | Yes | No |
| 4. Does the project have a buyer/ owner or is it being built on speculation? | | |
| 5. How is the project funded? | | |

If a nonprofit venture, please provide details of funding:

SECTION IV - GENERAL BUILDING AND OCCUPANCY INFORMATION:

- | | | |
|--|-----|----|
| 1. Total Square Feet: | | |
| 2. Number of floors above ground: | | |
| 3. Number of floors below ground: | | |
| 4. Year existing building was built: | | |
| 5. Does Philadelphia Insurance Companies cover the existing building on a policy currently?
If yes, please provide policy number: | Yes | No |

- | | | |
|---|-----|----|
| 6. Does the property have an historical designation?
If yes, please describe: | Yes | No |
| 7. Does the existing building have any unusual architectural or structural features?
If yes, please describe: | Yes | No |
| 8. Is the structure currently occupied?
a. Current Occupancies:
b. Will the building be occupied by any tenants during the renovation?
c. If not occupied, how long has the building been vacant?
d. Prior occupants:
e. Intended occupancies when completed: | Yes | No |
| 9. Does the existing building have an open area or atrium greater than 40,000 sq. ft.? | Yes | No |
| 10. Does the existing building have knob and tube or aluminum wiring? | Yes | No |
| 11. If the building is more than 50 years old was the plumbing, heating, electrical, and roofing updated within the last 20 years? | Yes | No |
| 12. Describe current type of roof. (check all that apply)
Asphalt Shingle Metal Wood Shingle
Concrete Slate Shingle Other (specify):
Flat / Membrane Spanish Tile | | |
| 13. Does the building have Aluminum Wiring, Aluminum Pig Tail Wiring, Knob and Tube Aluminum Wiring, Federal Pacific Circuit Breakers or Panels, Zinscos Circuit Breakers or Panels, Stab-Lok Circuit Breakers or Panels? | Yes | No |

SECTION V - PROTECTION

- | | | | | |
|---|-----|--|-----|----|
| 1. Distance to operating fire hydrant: ft. | | | | |
| 2. Will the project site be fenced? | Yes | | No | |
| 3. Will the project site be locked? | Yes | | No | |
| 4. Will the project site be lighted? | Yes | | No | |
| 5. Will a watchman be on the premises during non-working hours? | Yes | | No | |
| 6. What protective safeguards exist and will they be fully operational during the entire renovation of the project? | | | | |
| a. Sprinkler System Yes No Operational: | | | Yes | No |
| b. Central Station Burglar Alarms Yes No Operational: | | | Yes | No |
| c. Central Station Fire Alarm Yes No Operational: | | | Yes | No |
| d. Smoke Detectors Yes No Operational: | | | Yes | No |
| 7. Does the General Contractor have a written 'no smoking' policy?
If yes, please provide a copy. | Yes | | No | |
| 8. Will the General Contractor provide operational portable fire extinguishers at strategic locations throughout the jobsite? | Yes | | No | |

SECTION VI - NATURE OF WORK

1. Describe in detail the nature and extent of the work to be performed:

2. Remodeling activities usually involve non-structural changes in a building, usually cosmetic in nature. Examples of remodeling are as follow:
 - Installation of interior partition walls and cubicles
 - Installation of sheetrock walls and suspended ceiling
 - Installation of carpeting
 - Installation of new plumbing, electrical or air conditioning systems

Is remodeling taking place? Yes No
If yes, please describe in detail:

3. Renovations may be described as rehabs, renovations, or rebuilding. They usually involve some structural changes that may impact the structural integrity of the building. Examples are as follows:
- Removal or replacement of floors or structural roof members
 - Removal, strengthening or repositioning of load-bearing walls
 - Addition of floors
 - Expansion of below grade space
 - Installation of elevators and/or new stairwells
 - Demolition of part of the structure
 - Roof Replacement

Is this type of work to be performed? Yes No
If yes, please describe in detail:

4. Will the renovation involve gutting the building? Yes No
If yes, please describe in detail:

5. Will seismic work be completed? Yes No
If yes, please describe in detail and identify the Architect / Engineer.

SECTION VII - PRIOR START RENOVATION

1. Original start date of renovation:
2. a. % of project that has been completed:
b. Value of portion of project that has been completed:
c. Estimated time needed to complete project:
d. Details of construction completed to date:

3. a. Was there coverage in place prior to your request? Yes No
b. Why is that coverage not being renewed or being cancelled?

4. If no prior coverage – why the delay in placing coverage?

5. Has there been a change in the contractor? Yes No
If yes, please explain:

6. Have there been any losses at the project site to date? Yes No
If no losses, please attach a “No Loss” letter signed by the insured.
If yes, please give details of each loss.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)