



**APPLICANT DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Address of Property to be Insured: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Name and Address of Retail Broker: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

- 26. Period of Insurance: 3 Months    6 Months    9 Months    Annual                      27. Enter Protection Class: \_\_\_\_\_
- 28. Value of Existing Structure: \_\_\_\_\_
- 29. Total Square Footage of Proposed Final Structure: \_\_\_\_\_
- 30. Construction Type: Fire Resistive    Frame    Joisted Masonry    Masonry Non Combustible    Modified Fire Resistive    Non Combustible
- 31. Age of Building:    0-25 Years    26-50 Years    51-75 Years
- 32. Are there any Other Structures to be insured:    Yes    No                      33. Value of Other Structure(s): \_\_\_\_\_
- 34. Brief Description of Other Structure:
- 35. Do you require Personal Property:    Yes    No                      36. Value of Personal Property: \_\_\_\_\_
- 37. Number of Floors: \_\_\_\_\_
- 38. Wind Hail Deductible per occurrence:    \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
- 39. All Other Perils Deductible:                      \$1,000    \$2,500    \$5,000    \$7,500    \$10,000    \$15,000    \$25,000
- 40. Type of Quote:    DP1    DP3
- 41. Estimated Project Start Date: \_\_\_\_\_                      42. Estimated Project Finish Date: \_\_\_\_\_
- 43. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_
- 44. Description of New Renovation or Construction Works: \_\_\_\_\_
- 45. What CGL Limit carried by the Contractor:    300k    500k    1m
- 46. Is Vandalism and Malicious Mischief cover required:    Yes    No
- 47. Premises Liability:    Yes    No
- 48. Premises Liability Limits:    \$25,000    \$50,000    \$100,000    \$300,000    \$500,000    \$1,000,000
- 49. How often is the building to be insured inspected by the applicant or the applicant's representative:  
Daily    Weekly    Monthly    Other    Living Onsite
- 50. Which Utilities are operational:    Electric Only    Water Only    Electric and Water    None
- 51. Please select type of Security at Location to be insured: Fenced and/or Gated    Automatic Sprinkler System    Guarded  
Active Central Station Fire Alarm    Active Central Station Burglar System    Lighting on Property Location    None
- 52. Have there been any insured or uninsured losses or claims at the property to be insured:    Yes    No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: \_\_\_\_\_  
\_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS (continued)**

53. Describe the type of work to be performed during the policy period:

Replacing bathroom fixtures    Replacing kitchen cabinets/furnishing    Replacing plumbing/electrical or heating    Interior painting  
Exterior painting    Replacing exterior windows or doors    Removing/replacing/adding load bearing walls    Replacing roof shingles  
Extension to building    Other

If 'Other', please describe the type of work: \_\_\_\_\_

54. Please provide name and address of Contractor responsible for the new construction:

\_\_\_\_\_  
\_\_\_\_\_

55. If required, please enter details of Additional Insured: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_