



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## 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:

Jobsite Loss Control Contact:

E-mail 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 |
| 2. | If yes, what is the Replacement Cost Value of the building?<br>Value of Building: \$                 |    |     |    |
| 3. | 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 ( <b>Choose Applicable Types and indicate limit</b> )                         | \$ |     |    |
|    | 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   | \$ |     |    |
|    | d. Loss of Rents Limit   | \$ |     |    |
|    | e. Flood Limit   | \$ |     |    |
|    | f. Earthquake Limit  | \$ |     |    |
| 4. | Deductible:<br>Frame and Joisted Masonry Construction subject to a \$5,000 minimum deductible.       |    |     |    |
|    | \$1,000                    \$2,500                    Other:   |    |     |    |
| 5. | 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? Yes    No  
 If yes, for how many years?  
 Contractor License Number:  
 Contractor Website Address:

**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 or prototype? Yes    No  
 2. Is the project on filled land? (If yes, please attach geo-technical report) Yes    No  
 3. Are pilings used? Yes    No

**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 the property have an historical designation? Yes    No  
 If yes, please describe:  
  
 6. Does the existing building have any unusual architectural or structural features? Yes    No  
 If yes, please describe:  
  
 7. Is the structure currently occupied? Yes    No  
 a. Current Occupancies:  
 b. If not occupied, how long has the building been vacant?  
 c. Prior occupants:  
 d. Intended occupancies when completed:

**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?<br>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 |  |

<b>SECTION VI - NATURE OF WORK</b>
------------------------------------

- |  |  |             |
|--|--|-------------|
| 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: <ul style="list-style-type: none"> <li>• Installation of interior partition walls and cubicles</li> <li>• Installation of sheetrock walls and suspended ceiling</li> <li>• Installation of carpeting</li> <li>• Installation of new plumbing, electrical or air conditioning systems</li> </ul> <p>Is remodeling taking place? <span style="float: right;">Yes      No</span><br/>If yes, please describe in detail:</p>  |  |             |
| 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: <ul style="list-style-type: none"> <li>• Removal or replacement of floors or structural roof members</li> <li>• Removal, strengthening or repositioning of load-bearing walls</li> <li>• Addition of floors</li> <li>• Expansion of below grade space</li> <li>• Installation of elevators and/or new stairwells</li> <li>• Demolition of part of the structure</li> <li>• Roof Replacement</li> </ul> <p>Is this type of work to be performed? <span style="float: right;">Yes      No</span><br/>If yes, please describe in detail:</p> |  |             |
| 4. Will the renovation involve gutting the building?<br>If yes, please describe in detail:   |  | Yes      No |
| 5. Will seismic work be completed?<br>If yes, please describe in detail and identify the Architect / Engineer.   |  | Yes      No |

**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 NOTICE STATEMENTS

**NOTICE TO APPLICANTS:** "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "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 FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF COLORADO APPLICANTS:** "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."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "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."

**RESIDENTS OF FLORIDA RESIDENTS APPLICANTS:** "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."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "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."

**RESIDENTS OF LOUISIANA APPLICANTS:** "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 FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MAINE APPLICANTS:** "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."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "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."

**RESIDENTS OF NEW YORK APPLICANTS:** "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."

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

**RESIDENTS OF OKLAHOMA APPLICANTS:** "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."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "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."

**RESIDENTS OF TENNESSEE APPLICANTS:** "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."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "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."

**RESIDENTS OF VIRGINIA APPLICANTS:** "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 AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "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 FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title  
**(MUST BE SIGNED BY THE PRESIDENT  
CHAIRMAN OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)