



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE:                      SUB CODE: AGENCY CUSTOMER ID:	CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.	POLICIES OR PROGRAM REQUESTED POLICY NUMBER INDICATE SECTIONS ATTACHED <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> OPEN CARGO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER <input type="checkbox"/> UMBRELLA <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> YACHT
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STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION										
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy). CHANGE    DATE    TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">PROPOSED EFF DATE</th> <th style="width: 15%;">PROPOSED EXP DATE</th> <th style="width: 15%;">BILLING PLAN</th> <th style="width: 15%;">PAYMENT PLAN</th> <th style="width: 15%;">AUDIT</th> </tr> <tr> <td> </td> <td> </td> <td> <input type="checkbox"/> DIRECT BILL  <input type="checkbox"/> AGENCY BILL         </td> <td> </td> <td> </td> </tr> </table> PACKAGE POLICY PREMIUM: \$	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT							
		<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL									

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds)  FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS(ES): INDIVIDUAL    CORPORATION    SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG    LLC    NO. OF MEMBERS AND MANAGERS    CR BUREAU NAME:    DATE BUS STARTED PARTNERSHIP    JOINT VENTURE    ID NUMBER:	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)  WEBSITE ADDRESS(ES): ACCOUNTING RECORDS CONTACT: PHONE (A/C, No, Ext):    E-MAIL ADDRESS: PHONE (A/C, No, Ext):    E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		Y/N
1a	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>
1b	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>
2	IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>
3	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>
4	ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>
5	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>
6	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>
7	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>
8	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment)	<input type="checkbox"/>
9	ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>
11	HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>
12	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>
<b>REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)</b>		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT (Not applicable in all states, consult your agent or broker for your state's requirements )		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) 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.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY												
GENERAL COMMERCIAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE		CLAIMS MADE	OCCURRENCE		CLAIMS MADE	OCCURRENCE		CLAIMS MADE	OCCURRENCE		CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY OCCURRENCE INJURY AGGREGATE												
	PROPERTY OCCURRENCE DAMAGE AGGREGATE												
	COMBINED SINGLE LIMIT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													
AUTOMOBILE LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY EA PERSON EA ACCIDENT												
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING AMT												
	PERS PROP AMT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (If applicable)



**COMMERCIAL INSURANCE APPLICATION SUPPLEMENT  
ADDITIONAL PREMISES INFORMATION SECTION**

AGENCY		APPLICANT/NAMED INSURED		
CODE:		SUB CODE:		EFFECTIVE DATE
POLICY #:		COMPANY:		

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**



# OKLAHOMA PROPERTY SUPPLEMENT

AGENCY		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

## NOTICE TO PROPERTY OWNERS IN RURAL FIRE PROTECTION DISTRICTS

Oklahoma Title 36 O.S.4809 prohibits insurers or agents from giving certain reduced insurance rates to any risk in a rural fire protection district in which the district is wholly or partially funded by dues, to any person who fails or refuses to pay the appropriate dues.

Is this property located in a rural fire protection district or in an area protected by a rural fire department?

YES  NO

If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?

YES  NO

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

|||  
**SUPPLEMENTAL BUILDERS RISK APPLICATION**

NEW / GROUND UP CONSTRUCTION ONLY

\*\*\* THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION - ACORD

125\*\*\*

**INSURED INFORMATION:**

NAMED INSURED: \_\_\_\_\_

DBA: \_\_\_\_\_

INSURED IS:     OWNER                       CONTRACTOR

NAME OF CONTRACTOR: \_\_\_\_\_ # OF YEARS IN BUSINESS: \_\_\_\_\_  
 (IF DIFFERENT FROM NAMED INSURED)

CONTRACTOR MAILING ADDRESS: \_\_\_\_\_ LOSS HISTORY / 5 YEARS \_\_\_\_\_  
 \_\_\_\_\_

ESTIMATED START DATE OF PROJECT: \_\_\_\_\_ PROJECT CURRENTLY UNDER CONSTRUCTION?  YES  NO

ESTIMATED COMPLETION DATE OF PROJECT: \_\_\_\_\_ IF YES - ORIGINAL START DATE: \_\_\_\_\_

ESTIMATED TERM OF CONSTRUCTION: \_\_\_\_\_ MONTHS      % COMPLETED: \_\_\_\_\_ VALUES COMPLETED: \_\_\_\_\_  
 (IF YES TO PRIOR START ATTACH PRIOR START QUESTIONNAIRE REQUIRED)

**LIMITS OF LIABILITY:**

TOTAL COMPLETED VALUE OF PROJECT:    \$ \_\_\_\_\_      TEMPORARY STORAGE:    \$ \_\_\_\_\_

LOSS LIMIT (IF APPLICABLE):                \$ \_\_\_\_\_      TRANSIT:                        \$ \_\_\_\_\_

**OPTIONAL COVERAGES: (MUST BE CHECKED)**

WINDSTORM:     IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL?      YES       NO

IF YES - MAXIMUM LIMIT AVAILABLE IN WIND POOL?      \$ \_\_\_\_\_

EARTH MOVEMENT:  ISO EQ ZONE:                       1  2                       3  4  5                       \_\_\_\_\_

FLOOD:     FEMA FLOOD ZONE:                       A  B                       C  X  Y                       \_\_\_\_\_

IF ZONE A OR V:    100 YEAR BASE FLOOD ELEVATION? \_\_\_\_\_ ELEVATION OF FIRST FINISHED FLOOR? \_\_\_\_\_

SOFTS COSTS:     \$ \_\_\_\_\_      LOSS OF RENTS:     \$ \_\_\_\_\_  
 (MUST ATTACH COMPLETE BREAKDOWN)                      LOSS OF EARNINGS:     \$ \_\_\_\_\_

**DEDUCTIBLES : ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)**

\$ 500 (RESIDENTIAL ONLY)  \$ 1,000     \$ 2,500     \$ 5,000 OTHER \$ \_\_\_\_\_

**PROJECT INFORMATION:**

LOCATION ADDRESS: \_\_\_\_\_  
 STREET                                      ADDRESS CITY                                      COUNTY                                      ST                                      ZIP

PROJECT TYPE:      RESIDENTIAL:     SINGLE FAMILY     TWO FAMILY                      COMMERCIAL:   

PUBLIC PROTECTION CLASS: \_\_\_\_\_      CITY LIMITS:    INSIDE     OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: \_\_\_\_\_ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: \_\_\_\_\_

DISTANCE FROM COASTAL WATERS: \_\_\_\_\_ FEET \_\_\_\_\_ MILES

TOTAL SQ. FT. AREA: \_\_\_\_\_ # OF BUILDINGS: \_\_\_\_\_ APPROXIMATE DISTANCE BETWEEN BUILDINGS: \_\_\_\_\_

# OF STORIES: \_\_\_\_\_

INTENDED OCCUPANCY: \_\_\_\_\_

CONSTRUCTION TYPE:  FRAME (CHECK ONE) WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD

MASONRY JOIST WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND OR ROOF ARE COMBUSTIBLE

NONCOMBUSTIBLE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL

MASONRY NONCOMBUSTIBLE WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL

FIRE RESISTIVE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

NEAREST EXPOSED STRUCTURE: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ DISTANCE TO: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? \_\_\_\_\_

**IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:**

**SITE SECURITY:**

SITE FENCED?  YES  NO WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS?  YES  NO

SITE LIGHTED?  YES  NO HOURS ON SITE? \_\_\_\_\_

**LOSS CONTROL:**

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?  YES  NO FREQUENCY: \_\_\_\_\_

PUBLIC WATER SUPPLY IN SERVICE AT SITE?  YES  NO

BRUSH AREA?  YES  NO IF YES - CLEARANCE FROM SITE? \_\_\_\_\_

**MISCELLANEOUS:**

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SUPPLEMENTAL BUILDERS RISK RENOVATION APPLICATION

REMODEL/ RENOVATION / REHABILITATION

\*\*\* THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION - ACORD 125\*\*\*

**INSURED INFORMATION:**

NAMED INSURED: \_\_\_\_\_

DBA: \_\_\_\_\_

INSURED IS:  OWNER  CONTRACTOR

# OF YEARS IN BUSINESS: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_  
(IF DIFFERENT FROM NAMED INSURED)

LOSS HISTORY / 5 YEARS: \_\_\_\_\_

CONTRACTOR MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED START DATE OF PROJECT: \_\_\_\_\_ ESTIMATED COMPLETION DATE OF PROJECT: \_\_\_\_\_

ESTIMATED TERM OF PROJECT: \_\_\_\_\_ MONTHS CURRENTLY UNDER RENOVATION?  YES  NO

IF YES - ORIGINAL START DATE: \_\_\_\_\_  
(IF YES TO PRIOR START ATTACH PRIOR START QUESTIONNAIRE REQUIRED)

**LIMITS OF LIABILITY:**

EXISTING STRUCTURE (IF APPLICABLE): \$ \_\_\_\_\_ TEMPORARY STORAGE: \$ \_\_\_\_\_

RENOVATION VALUES(S): \$ \_\_\_\_\_ TRANSIT: \$ \_\_\_\_\_

NEW ADDITION VALUE (IF APPLICABLE): \$ \_\_\_\_\_ TOTAL INSURED VALUES: \$ \_\_\_\_\_

**OPTIONAL COVERAGES: (MUST BE CHECKED)**

WINDSTORM:  IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL? YES  NO

IF YES - MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ \_\_\_\_\_

EARTH MOVEMENT:  ISO EQ ZONE:  1  2  3  4  5

FLOOD:  FEMA FLOOD ZONE:  A  B  C  X  Y

IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION? \_\_\_\_\_ ELEVATION OF FIRST FINISHED FLOOR? \_\_\_\_\_

SOFTS COSTS:  \$ \_\_\_\_\_ (MUST ATTACH COMPLETE BREAKDOWN) LOSS OF RENTS:  \$ \_\_\_\_\_

LOSS OF EARNINGS:  \$ \_\_\_\_\_

**DEDUCTIBLES: AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)**

\$ 500 (RESIDENTIAL ONLY)  \$ 1,000  \$ 2,500  \$ 5,000 OTHER \$ \_\_\_\_\_

**PROJECT INFORMATION:**

LOCATION ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY ST ZIP

PROJECT TYPE: RESIDENTIAL:  SINGLE FAMILY  TWO FAMILY COMMERCIAL:

- REMODEL:  REMODEL OF INTERIOR FINISHES / REPLACEMENT OF INTERIOR FIXTURES, CABINETS, FLOORING, ETC.
- REMODEL / MINOR STRUCTURAL:  REMODEL OF INTERIOR FINISHES AND MINOR CHANGES TO EXTERIOR (DOORS / WINDOWS / EXTERIOR PAINTING) INCLUDING ALL NONSTRUCTURAL CHANGES (HVAC/PLUMBING/ELECTRICAL)
- RESTORATION / MAJOR RESTRUCTURING:  REPAIR / REPLACE / REMOVE LOAD BEARING WALLS / ADD ADDITIONAL STORIES / ADD STAIRWAYS OR ELEVATORS  
 (IF STRUCTURAL CHANGES BEING MADE THE FOLLOWING ARE REQUIRED:  
 1. LETTER FROM ENGINEER THAT THE SITE HAS BEEN VISITED AND THE EXISTING BUILDING IS STRUCTURALLY SOUND AND ABLE TO ACCEPT THE STRUCTURAL CHANGES PROPOSED.  
 2. LETTER FROM THE ENGINEER REGARDING A COMPLETE DESCRIPTION OF THE STRUCTURAL CHANGES TO BE MADE  
 3. LETTER FROM THE CONTRACTOR THAT THE ENGINEER'S SPECIFICATIONS WILL BE FOLLOWED INCLUDING CONTROLS IN PLACE TO PREVENT COLLAPSE
- NEW ADDITION WITH SOME REMODEL:  ADDITION OF SPACE WITH REMODEL / RENOVATION FOR TIE IN PURPOSES ONLY AND INTERIOR REMODEL AS SHOWN ABOVE

**COMPLETE DESCRIPTION OF RENOVATIONS:** \_\_\_\_\_

PUBLIC PROTECTION CLASS: \_\_\_\_\_ CITY LIMITS: INSIDE  OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: \_\_\_\_\_ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: \_\_\_\_\_

DISTANCE FROM COASTAL WATERS: \_\_\_\_\_ FEET \_\_\_\_\_ MILES

TOTAL SQ. FT. AREA: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_

# OF BUILDINGS: \_\_\_\_\_ APPROXIMATE DISTANCE BETWEEN BUILDINGS: \_\_\_\_\_

INTENDED OCCUPANCY: \_\_\_\_\_ PREVIOUS OCCUPANCY: \_\_\_\_\_

OCCUPIED DURING RENOVATIONS?  YES  NO

- CONSTRUCTION TYPE:  FRAME (CHECK ONE) WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIALS SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD
- MASONRY JOIST WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE
- NONCOMBUSTIBLE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL
- MASONRY NONCOMBUSTIBLE WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL
- FIRE RESISTIVE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

**EXISTING STRUCTURE INFORMATION:**

YEAR BUILT: \_\_\_\_\_ CURRENT CONDITION OF STRUCTURE: \_\_\_\_\_ HISTORIC LANDMARK: YES  NO

DATE PURCHASED: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_ DATE(S) REMODELED / RENOVATED: \_\_\_\_\_

PRIVATE PROTECTION: WILL THESE SYSTEMS BE OPERATIONAL DURING RENOVATION

AUTOMATIC SPRINKLER SYSTEM:  YES  NO BURGLAR ALARM SYSTEM:  YES  NO

SPRINKLER SYSTEM ALARMS:   FENCING / LIGHTING:

WATCHMAN SERVICE:  YES  NO HOURS ON SITE?: \_\_\_\_\_

HAS STRUCTURE EVER SUSTAINED DAMAGE FROM WINDSTORM, EARTHQUAKE OR FIRE, ETC.?:  YES  NO

IF YES - DESCRIBE: \_\_\_\_\_

NEAREST EXPOSED STRUCTURE: OCCUPANCY: \_\_\_\_\_ DISTANCE TO: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? \_\_\_\_\_

IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

\_\_\_\_\_

LOSS CONTROL:

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?  YES  NO FREQUENCY? \_\_\_\_\_

PUBLIC WATER SUPPLY IN SERVICE AT SITE?  YES  NO

BRUSH AREA?  YES  NO IF YES - CLEARANCE FROM SITE? \_\_\_\_\_

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_