



of stories _____

Date Purchased _____

Occupancy _____

Occupied during renovation Yes No

Description of work to be performed _____

Any structural alterations? Yes No

Exterior walls: _____% removed Building Framework: _____ % removed Other: _____

Additional structural reinforcement: _____

Protection operational during renovation: Sprinkler Burglar Alarm Fire Alarm

Building Valuation

If coverage is desired on existing building:

Date of building and land purchase..... _____

Cost of building and land purchase..... \$ _____

Estimated land value..... - _____

Improvements after purchase, but prior to this project + _____

Owner's investment in building (subtotal)..... \$ _____

Estimated cost to rebuild the portion to be used in the project with like material

100% less _____% depreciation - x _____%

Existing building actual cash value..... \$ _____

New work to be done in renovation project:

Total contract amount..... \$ _____

Uninsurable expenditures (site preparation, etc.)..... - _____

New Construction work..... \$ _____

TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:

Estimated cost of removal phase..... \$ _____

Estimated cost of construction phase..... \$ _____

E. ADDITIONAL INTERESTS

1. Name: _____
 Address: _____
 Interest: _____
2. Name: _____
 Address: _____
 Interest: _____

F. NOTICE TO APPLICANT

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 FLORIDA ONLY.

Premium for this policy is 100% earned at policy inception. If this application is approved, coverage will be provided for the expected duration of construction. Any extensions of the policy will be provided only with the consent of the company and upon payment of any additional premium due.

The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.



Representation: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.). If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature _____ Date _____ Signature _____ Date _____
Agent signature _____ Date _____