

Applicants Name		
Is the insured acting as the owner/builder	Yes	No
Will the insured be participating in any of the construction/renovation?	Yes	No
Is there any relationship between the named insured and the builder If yes, please explain	Yes	No

Contractor Info

Name of Contractor and/or Builder:			
Does the Contractor/Builder have a valid contractor's license?	Yes	No	No
Does the Contractor/Builder carry a valid GL policy?	Yes	No	
Are all required building permits in place?	Yes	No	
If new purchase now long before licensed contractor/permits in place?			

Project Info

New Construction (Y/N)	Renovation (Y/N)	
If renovation, will the Insured reside in the dwelling during construction?	Yes	No
What is the nature of the renovations (HEP/Roof included in renovation?)		
Is this a REHAB Project (distressed for flip)	Yes	No
Begin Date of Project	End Date of Project	
If the project has already began, what percentage of construction is complete?		
If the project has already started, was there insurance in place? If not why?		
Estimated Completed Value (exclude value of land) \$		
Estimated completed square footage:		
SECURITY	Yes	No
Is the dwelling located in a gated community?	Yes	No
Is there security lighting on the property (does not include street lighting)?	Yes	No
Is the property fenced?	Yes	No
Does the dwelling have an active Central Station alarm?	Yes	No

BR Optional Coverages:

Theft of Building Materials	Yes	No	Limit	(\$1 per \$1,000 of the full limit Coverage A)			
Extended Coverage	Yes	No	Limit	\$10,000	\$25,000	\$50,000	\$100,000