

BUILDERS RISK RENOVATION APPLICATION

1. Name of Applicant: _____
2. Mailing Address: _____
3. Values of Building:
 - A. Present Value (Before Renovation): \$ _____ Square Footage: _____
 - B. Completed Value (After Renovation): \$ _____ Distance from Coast: _____
4. Policy Term: From: _____ To: _____
5. What date will construction begin? _____
6. Mortgagee Address: _____

SITE INFORMATION

7. Location of Property: _____

8. Type of Construction:

	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire-Resistive
	<input type="checkbox"/> Combination (Specify): _____		
What is being renovated?	<input type="checkbox"/> Additions	<input type="checkbox"/> Wiring	<input type="checkbox"/> Plumbing
Will support studs or beams be moved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will there be any welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Floors: _____	Age of Building: _____	Age of Roof: _____	
Is the building vacant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Intended Occupancy: _____
10. Is a tenant lined up with a signed contract? Yes No
11. Location: Rural Urban Suburban
12. Type Occupancy: Residential Commercial Industrial
13. Protection ("X" where applicable): Site fenced Site lighted at night Night Watchman
 NB Fire Protection Class: _____ Distance to Fire Hydrants: _____
 Distance to Fire Department: _____
 Have there been any fires in this building in the last five (5) years? Yes No
 Provide Details: _____

CONTRACTOR/OWNER INFORMATION

Name of Contractor: _____

How many years has the Contractor been in business? _____

Does the Contractor have experience in similar renovations? Yes No

Name of Owner of Property: _____

*Owners Financial Condition: _____

Has the owner experienced any losses to real property over the last five (5) years? Yes No

Provide Details: _____

*NOTE: It may be necessary for the Company to review the financial reports of the Owner of the property before coverage begins.

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____