# MINOR RENOVATIONS QUESTIONNAIRE

**Policy or Quote number :       Date :**

**Brokerage :       Broker :**

**Insured :**

## \*\*\* Before quoting a building under renovation, please complete this questionnaire and send it back to us in order for us to decide if we can accept this risk or not \*\*\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address where the work will take place: | | | | Postal Code: | | |
| Anticipated completion date: | |  | | | | |
| Who will do the work? | |  | | | | |
| Does this Contractor have Liability insurance? (proof will be required) | | | | | YES | NO |
| A. | Estimated value of the total work cost? | | $ | | | |
|  | What will be the replacement cost of the home at the end of the work? | | $      (new ITV should be provided) | | | |
|  | Please describe the planned work: | | | | | |
| B. | Will any & all work to utilities (electrical, plumbing, heating etc) be performed by a licensed/certified professional. | | | | YES | NO |
| C. | Are there any alterations to the building structure planned (adding a second floor extension, moving structural wall ...)? | | | | YES | NO |
| D. | Confirm loss prevention measures provided (fire extinguishers, valuables removed from home, drop cloths, etc): | | | | | |

***Any work to utilities(electrical, plumbing, heating etc) must be done by a licensed/certified professional.***

*The applicant certifies that the above statements and facts are true and that no information has been suppressed or misstated.*

**Insured’s Signature Date**

**Broker’s Signature Date**