



Insured Information

NAMED INSURED: _____

INSURED MAILING ADDRESS: _____

PROJECT ADDRESS: _____

INSURED IS: OWNER CONTRACTOR DEVELOPER OTHER

NAME OF CONTRACTOR & WEBSITE ADDRESS: _____

(if different from named insured)

OF YEARS IN BUSINESS: _____ LOSS HISTORY/3 YEARS: _____

DOES CONTRACTOR HAVE A RISK MANAGEMENT OR SAFETY DIVISION? YES NO

DOES CONTRACTOR FOLLOW "BEST PRACTICES" FOR EMPLOYEE SAFETY? YES NO

ESTIMATED START DATE OF PROJECT: _____ ESTIMATED COMPLETION DATE OF PROJECT: _____

ESTIMATED TERM OF PROJECT: _____ DAYS

CURRENTLY UNDER CONSTRUCTION? YES NO

IF YES – ORIGINAL START DATE: _____ % COMPLETED _____ VALUES COMPLETED: _____

Limits of Liability

NEW CONSTRUCTION: \$ _____

EXISTING STRUCTURE (IF APPLICABLE): \$ _____ REPLACEMENT COST ACTUAL CASH VALUE

RENOVATION VALUES: \$ _____

NEW ADDITION VALUE (IF APPLICABLE): \$ _____

FURNITURE, FIXTURES & EQUIPMENT: \$ _____

BUSINESS PERSONAL PROPERTY: \$ _____

SOFT COSTS: \$ _____

LOSS OF RENTS: \$ _____

LOSS OF EARNINGS: \$ _____

TOTAL PROJECT LIMIT: \$ _____

Sublimits

TEMPORARY STORAGE: \$ _____

TRANSIT: \$ _____

DEBRIS REMOVAL: \$ _____

EXTRA EXPENSE: \$ _____

\$ _____

\$ _____

Optional Coverages (must be checked)

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

IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ _____

EARTH MOVEMENT: EQ ZONE: 1 2 3 4 5

FLOOD: FEMA FLOOD ZONE: A B C X V

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

DEDUCTIBLES ALL OTHER PERILS (CATASTROPHE PERIL DEDUCTIBLE WILL BE DETERMINED BY THE COMPANY)

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000 OTHER (\$) _____

Project Information

PROJECT DESCRIPTION:

PROJECT TYPE: COMMERCIAL RESIDENTIAL ROAD ENERGY

NEW CONSTRUCTION: NEW CONSTRUCTION

RENOVATION - NONSTRUCTURAL: REMODEL OF INTERIOR FINISHES / REPLACEMENT OF INTERIOR FIXTURES,CABINETS, FLOORING, HVAC / PLUMBING, ELECTRICAL, ETC.

RENOVATION - STRUCTURAL: REPAIR / REPLACE/ REMOVE LOAD BEARING WALLS / ADD ADDITIONAL STORIES / ADD STAIRWAYS OR ELEVATORS

NEW ADDITION: ADDITION OF SPACE WITH REMODEL / RENOVATION FOR TIE IN PURPOSES ONLY-AND INTERIOR REMODEL AS SHOWN ABOVE
CONSTRUCTION OF EXISTING BUILDING: _____

CONSTRUCTION TYPE:
(CHECK ONE) FRAME 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 CONSTRUED 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: _____

Loss Control

PUBLIC PROTECTION CLASS: _____ CITY LIMITS: INSIDE OUTSIDE

DISTANCE TO NEAREST WORKING FIRE HYDRANT: _____ DISTANCE TO NEAREST FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS: _____ FEET: _____ MILES: _____

SQ. FT. OF NEW CONSTRUCTION: _____

SQ. FT. OF EXISTING STRUCTURE: _____

TOTAL SQ. FT. AREA: _____ # OF STORIES: _____

OF BUILDINGS: _____ APPROXIMATE DISTANCE BETWEEN BUILDINGS: _____

INTENDED OCCUPANCY: _____ PREVIOUS OCCUPANCY: _____

OCCUPIED DURING? YES NO # OF WEEKS OCCUPIED DURING CONSTRUCTION: _____

IF MULTIPLE BUILDINGS, WILL EACH BUILDING BE RELEASED TO OWNER WHEN COMPLETE? YES NO
(if yes, please provide schedule of completion — including values)

NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____ DISTANCE TO: _____ CONSTRUCTION TYPE: _____

AUTOMATIC SPRINKLER SYSTEM: YES NO

SPRINKLER SYSTEM ALARMS: YES NO

IF YES, WILL THESE SYSTEMS BE OPERATIONAL DURING CONSTRUCTION? YES NO

WATCHMAN SERVICE: YES NO

BURGLAR ALARM SYSTEM: YES NO

FULLY FENCED WITH LOCKED ENTRANCES DURING NON-WORKING HOURS? YES NO

PROJECT LIGHTED DURING NON-WORKING HOURS? YES NO

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? _____

FIRE EXTINGUISHERS ON SITE? YES NO

Please Attach

- PICTURES-EXTERIOR AND IF APPLICABLE INTERIOR
- BREAKDOWN OF VALUES / PRO FORMA
- MOST CURRENT CONSTRUCTION SCHEDULE / GANTT CHART
- SITE OR PLOT PLAN
- GEOTECHNICAL REPORT
- FEMA FLOOD HAZARD DETERMINATION