



**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