



Property & Inland Marine
Residential Construction

Builders Risk Application Specific Location Renovation

PRODUCER INFORMATION

Agency name: _____ Producer code: _____
Submitted by: _____ Email: _____ Phone number: _____
Who is the first named insured? Contractor Insured rc.app@gaic.com

CONTRACTOR INFORMATION

Is the contractor: Additional Insured Not named on the policy
ONLY IF FIRST INSURED IS OWNER
Contractor name: _____
Address: _____
City, state, zip: _____
Has contractor completed this type of work before? Yes No
Loss Prevention contact and telephone number: _____
Year business started: _____
If less than two years in business, fax resume and updated financial information to 513.369.7328 or Email to RC.APP@gaic.com.
(SKIP OWNER BOX)

(OWNER (if different from contractor))

Name: _____
Address: _____
City, state, zip: _____
(GO TO CONTRACTOR INFORMATION)

CONTRACTOR LOSS HISTORY (past 5 years)

Has contractor suffered any losses within the past 5 years? Yes No

Date	Amount Paid	Deductible	Cause of Loss	Prevention Implemented

(FAX ADDITIONAL HARD COPY LOSS RUNS TO 513.369.7328 OR EMAIL TO RC.APP@GAIC.COM)

Coverage declined, cancelled or non-renewed last 3 years for any of these reasons: non payment, loss history or insurance fraud? Yes No
Ever filed bankruptcy or reorganization? Yes No
Who was prior insurance carrier last 3 years? _____

POLICY INFORMATION

Effective date: _____ Expiration date: _____
Deductible: _____ Other: _____
Billing: Direct Agency

RENOVATION RESIDENTIAL

LOCATION 1

Address: _____ Date dwelling and land purchased _____

City, state, zip: _____ Cost of building and land purchase: _____

Do you need coverage on the existing structure? Yes No Estimated land value _____

How many units are in this structure? _____ Are there f rewalls? Yes No

Construction type: Frame Joisted Masonry Non-combustible
 Masonry Non-combustible Fire Resistive Modi f ed Fire Resistive

Number of stories: _____

Number of square feet (including new structure) _____

Is there a basement? Y es No

Public fire protection class: _____ (1-10, Unknown)

If 9, 10, or Unknown, specify Distance to hydrants and Distance to f re station:

Distance to hydrants: < 100 FT 100-500 FT 500 FT+

Distance to f re station: < 5 mi > 5 mi

Age of existing structure: _____

Will dwelling be occupied during renovation? Yes No

Any removal or movement of load bearing walls? Yes No If yes, additional information may be needed prior to binding.

Please provide a detailed description of this renovation project, ie: wiring, plumbing, heating, etc.

What updates have been made to existing structure prior to this planned renovation and what year were those completed?

Is this a mobile, manufactured or modular home? Y es No

Jobsite security:

Private security patrol - Frequency to patrol _____ Security cameras

Fence _____ Lights Other, if marked _____

Has construction of the project been started prior to the proposed effective date of this policy? Y es No

If yes, please describe: _____

Is dwelling:

A Speculative Project which will be Sold After Completion A contract Renovation with Owner in Place

What is the anticipated length of this project? _____

OTHER INTERESTS

Choose one: Mortgagee Loss Payee Additional Insured

Name: _____

Address: _____

City, state, zip: _____

Are there more? No Yes Repeat Section

LOCATION 2

Address: _____ Date dwelling and land purchased _____

City, state, zip: _____ Cost of building and land purchase: _____

Do you need coverage on the existing structure? Yes No Estimated land value _____

How many units are in this structure? _____ Are there firewalls? Yes No

Construction type: Frame Joisted Masonry Non-combustible
 Masonry Non-combustible Fire Resistive Modified Fire Resistive

Number of stories: _____

Number of square feet (including new structure) _____

Is there a basement? Yes No

Public fire protection class: _____ (1-10, Unknown)

If 9, 10, or Unknown, specify Distance to hydrants and Distance to fire station:

Distance to hydrants: < 100 FT 100-500 FT 500 FT+

Distance to fire station: < 5 mi > 5 mi

Age of existing structure: _____

Will dwelling be occupied during renovation? Yes No

Any removal or movement of load bearing walls? Yes No If yes, additional information may be needed prior to binding.

Please provide a detailed description of this renovation project, ie: wiring, plumbing, heating, etc.

What updates have been made to existing structure prior to this planned renovation and what year were those completed?

Is this a mobile, manufactured or modular home? Yes No

Jobsite security:

Private security patrol - Frequency to patrol _____ Security cameras

Fence _____ Lights Other, if marked _____

Has construction of the project been started prior to the proposed effective date of this policy? Yes No

If yes, please describe: _____

Is dwelling:

A Speculative Project which will be Sold After Completion A contract Renovation with Owner in Place

What is the anticipated length of this project? _____

OTHER INTERESTS

Choose one: Mortgagee Loss Payee Additional Insured

Name: _____

Address: _____

City, state, zip: _____

Are there more? No Yes Repeat Section

LOCATION 3

Address: _____ Date dwelling and land purchased _____

City, state, zip: _____ Cost of building and land purchase: _____

Do you need coverage on the existing structure? Yes No Estimated land value _____

How many units are in this structure? _____ Are there firewalls? Yes No

Construction type: Frame Joisted Masonry Non-combustible
 Masonry Non-combustible Fire Resistive Modified Fire Resistive

Number of stories: _____

Number of square feet (including new structure) _____

Is there a basement? Yes No

Public fire protection class: _____ (1-10, Unknown)

If 9, 10, or Unknown, specify Distance to hydrants and Distance to fire station:

Distance to hydrants: < 100 FT 100-500 FT 500 FT+

Distance to fire station: < 5 mi > 5 mi

Age of existing structure: _____

Will dwelling be occupied during renovation? Yes No

Any removal or movement of load bearing walls? Yes No If yes, additional information may be needed prior to binding.

Please provide a detailed description of this renovation project, ie: wiring, plumbing, heating, etc.

What updates have been made to existing structure prior to this planned renovation and what year were those completed?

Is this a mobile, manufactured or modular home? Yes No

Jobsite security:

Private security patrol - Frequency to patrol _____ Security cameras

Fence _____ Lights Other, if marked _____

Has construction of the project been started prior to the proposed effective date of this policy? Yes No

If yes, please describe: _____

Is dwelling:

A Speculative Project which will be Sold After Completion A contract Renovation with Owner in Place

What is the anticipated length of this project? _____

OTHER INTERESTS

Choose one: Mortgagee Loss Payee Additional Insured

Name: _____

Address: _____

City, state, zip: _____

Are there more? No Yes Repeat Section

OPTIONAL COVERAGE

● Flood: Yes No If yes, Limit: _____ Deductible: _____

● Earthquake: Yes No If yes, Limit: _____ Deductible: _____

Do you require Soft Costs Coverage? Yes No If yes, please provide total limit: _____

Do you require Soft Costs Coverage? Yes No If yes, please complete the following.

Time element/Soft Costs: Construction loan interest: \$ _____

Advertising expense: \$ _____

Realty taxes and fees: \$ _____

Architect/engineer supervisory: \$ _____

Lease renegotiation: \$ _____

TOTAL soft cost limit: \$ _____

POLICY LIMITS

Limit at any residential building (including appurtenant structures/excluding lot cost): _____

Limit in any one loss (excluding lot cost): _____

Limit while in transit and at a temporary location: \$10,000 or Other: _____

Limit for temporary scaffolding and construction forms: \$10,000 or Other: _____

REMARKS

TERMS OF AGREEMENT:

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

BY CHECKING THIS BOX AND SIGNING THIS DOCUMENT YOU ARE AGREEING THAT YOU CONSENT TO TRANSACT BUSINESS USING ELECTRONIC COMMUNICATIONS, TO RECEIVE NOTICES, DOCUMENTS AND DISCLOSURES ELECTRONICALLY, AND TO UTILIZE ELECTRONIC SIGNATURES IN LIEU OF USING PAPER DOCUMENTS.

Signature _____ Date _____