

## Simple Builders Risk / Renovation Application

### General Information

Named Insured:	
Inspection Contact:	Phone:
Location Address:	
Mailing Address:	
Years owning this location:	

### Building Information

Year Built:	Sq. Footage:	No. of Stories:	Protection Class:
No. of buildings at this location:			
Type of wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Electrical: Circuit Breakers <input type="checkbox"/> Fuses			
Construction of bldg: <input type="checkbox"/> Frame <input type="checkbox"/> JM <input type="checkbox"/> MNC <input type="checkbox"/> Fire Restrictive <input type="checkbox"/> Other			
Updates (year):	Wiring:	Roof:	Plumbing: HVAC:
Type of Roof:	Does property have a pool?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Roof:	Does property have a pool?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the building structurally sound? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Protection

Is property locked & secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Alarm:	If alarmed, is it on and operational? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other security measures on property or in bldg?	
Are heat & utilities maintained?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the water shut off? <input type="checkbox"/> Yes <input type="checkbox"/> No

### General

Is liability required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant a contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
Term: <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months	
Building vacant since:	Prior Occupancy:
Intended plan with property (sale, rental, renovation, etc.):	
History of bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is mortgage paid to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any liens (other than mortgage against the property)? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Valuation

Existing Value:	Square Footage:
Square Footage:	Completed replacement cost value after renovations?
What is the intended disposition of the property when completed?	

Is the insured performing the renovations?

### Is the insured performing the renovations? (do not complete if insured is performing work)

Name:	Years in Business:
Loss record (last 5 years):	
Financially sound?	
Current CGL carrier:	CGL Limit of Liability

### Construction Details

Is on firm ground? <input type="checkbox"/> Yes <input type="checkbox"/> No
Involves standard construction techniques only
If not, provide details of construction:
Is similar to others undertaken by contractor:
Do any of the renovations involve any of the following: demolition, raising, elevating, lifting or placing on pilings of an existing building or structure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of renovations:

**Claims History**

Any losses in the last 3-5 years?

If so, please provide full details (DOL, Claim details, paid, open or closed):

Does the building have any current damage?

If yes, please provide details:

This application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

**APPLICABLE IN THE STATE OF NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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**Producer's Signature:**

**Date:**

**Applicant's Signature:**

**Date:**

**Agency Name:**