

CENTURY SURETY COMPANY
Supplemental Builders Risk Renovation Application
Remodel / Renovation / Rehabilitation

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL
APPLICANT INFORMATION APPLICATION – ACORD 125***

INSURED INFORMATION:

NAMED INSURED: _____

DBA: _____

INSURED IS: OWNER CONTRACTOR

NAME OF CONTRACTOR: _____

(IF DIFFERENT FROM NAMED INSURED
CONTRACTOR MAILING ADDRESS: _____

OF YEARS IN BUSINESS: _____

LOSS HISTORY / 5 YEARS _____

ESTIMATED START DATE OF PROJECT: _____

ESTIMATED COMPLETION DATE OF PROJECT: _____

ESTIMATED TERM OF PROJECT: _____ MONTHS

CURRENTLY UNDER RENOVATION? YES NO

IF YES – ORIGINAL START DATE: _____

LIMITS OF LIABILITY:

EXISTING STRUCTURE (IF APPLICABLE): \$ _____

TEMPORARY STORAGE: \$ _____

RENOVATION VALUES(S): \$ _____

NEW ADDITION VALUE (IF APPLICABLE): \$ _____

TOTAL INSURED VALUES: \$ _____

OPTIONAL COVERAGES: (MUST BE CHECKED)

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

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

SOFTS COSTS: \$ _____
(MUST ATTACH COMPLETE BREAKDOWN)

LOSS OF RENTS: \$ _____

LOSS OF EARNINGS: \$ _____

DEDUCTIBLES: AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)

\$ 500 (RESIDENTIAL ONLY) \$ 1,000 \$ 2,500 \$ 5,000 OTHER \$ _____

PROJECT INFORMATION:

LOCATION ADDRESS:

STREET ADDRESS CITY COUNTY ST ZIP

PROJECT TYPE: RESIDENTIAL: SINGLE FAMILY TWO - FAMILY COMMERCIAL:

REMODEL: REMODEL OF INTERIOR FINISHES / REPLACEMENT OF INTERIOR FIXTURES, CABINETS, FLOORING, ETC.

REMODEL / MINOR STRUCTURAL: REMODEL OF INTERIOR FINISHES AND MINOR CHANGES TO EXTERIOR (DOORS / WINDOWS / EXTERIOR PAINTING) INCLUDING ALL NONSTRUCTURAL CHANGES (HVAC/PLUMBING/ELECTRICAL)

RESTORATION / MAJOR RESTRUCTURING: REPAIR / REPLACE / REMOVE LOAD BEARING WALLS / ADD ADDITIONAL STORIES / ADD STAIRWAYS OR ELEVATORS

NEW ADDITION WITH SOME REMODEL: ADDITION OF SPACE WITH REMODEL / RENOVATION FOR TIE IN PURPOSES ONLY AND INTERIOR REMODEL AS SHOWN ABOVE

COMPLETE DESCRIPTION OF RENOVATIONS:

PUBLIC PROTECTION CLASS: _____ **CITY LIMITS:** INSIDE OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____

DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS: _____ FEET MILES

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

OF BUILDINGS: _____ **APPROXIMATE DISTANCE BETWEEN BUILDINGS:** _____

INTENDED OCCUPANCY: _____ **PREVIOUS OCCUPANCY:** _____

OCCUPIED DURING RENOVATIONS? YES NO

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 CONSTRUCTED 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: _____

PRIVATE PROTECTION: WILL THESE SYSTEMS BE OPERATIONAL DURING RENOVATION

AUTOMATIC SPRINKLER SYSTEM: YES NO

BURGLAR ALARM SYSTEM: YES NO

SPRINKLER SYSTEM ALARMS: YES NO

FENCING / LIGHTING: YES NO

WATCHMAN SERVICE: YES NO HOURS ON SITE?: _____

HAS STRUCTURE EVER SUSTAINED DAMAGE FROM WINDSTORM, EARTHQUAKE OR FIRE, ETC.?
 YES NO

IF YES – DESCRIBE: _____

NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____

DISTANCE TO: _____ CONSTRUCTION TYPE: _____

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? _____

IF YES TO ABOVE – PLEASE INDICATE MAXIMUM # OF BUILDINGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE

CORRESPONDING VALUES: _____

LOSS CONTROL:

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS? YES NO FREQUENCY? _____

IS PUBLIC WATER SUPPLY IN SERVICE AT THIS SITE? YES NO

BRUSH AREA? YES NO IF YES – CLEARANCE FROM SITE? _____

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WIND SPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):
