



6443 S.W. Beaverton-Hillsdale Hwy., Suite 350  
 Portland, OR 97221-4210

**BUILDERS RISK RENOVATIONS APPLICATION**

**APPLICANT INFORMATION**

|   |                   |
|---|-------------------|
| NAME:   |                   |
| MAILING ADDRESS:  |                   |
| PROPOSED EFF DATE: FROM:  | TO: WEBSITE:      |
| FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> | YEARS IN BUSINESS |
| SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER  |                   |

**PREMISES INFORMATION**

| LOC# | BLD# | STREET, CITY, STATE, ZIP CODE | Construction Type | Age | Square Footage |
|------|------|-------------------------------|-------------------|-----|----------------|
|      |      |                               |                   |     |                |
|      |      |                               |                   |     |                |
|      |      |                               |                   |     |                |

**DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**PRIOR CARRIER INFORMATION**

| CATEGORY      | YEARS: | YEARS: | YEARS: | YEARS: |
|---------------|--------|--------|--------|--------|
| CARRIER       |        |        |        |        |
| TOTAL PREMIUM |        |        |        |        |

**LOSS HISTORY**

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

CHECK HERE IF NONE       SEE ATTACHED LOSS SUMMARY

| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | OPEN/ CLOSED |
|--------------------|------|---|---------------|-------------|-----------------|--------------|
|                    |      |   |               |             |                 |              |
|                    |      |   |               |             |                 |              |
|                    |      |   |               |             |                 |              |
|                    |      |   |               |             |                 |              |



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**GENERAL INFORMATION**

|   |  |
|---|--|
| 1. Is Named Insured owner of project or General Contractor?                                   |  |
| 2. Is this a new purchase?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, purchase price of property?   | Purchase date  |
| 3. Actual Cash value of existing structure  | Market value   |
| 4. Cost of renovations:   |  |
| 5. Intended occupancy:  |  |
| 6. Previous occupancy:  |  |
| 7. Is any part of the building currently occupied?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe occupancy  |  |
| 8. Estimated Length of project:   |  |
| 9. Describe security at job site:   |  |
| 10. Perils (All Risk or Named Perils):  |  |
| 11. Protection class:   |  |
| 12. Deductible:   |  |
| 13. If coastal, provide distance to tidal water::   |  |
| 14. Extent of renovation to building. Be specific _____<br>_____<br>_____                     |  |
| 15. Is renovation being done on a speculative basis?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Describe any structural alterations<br>_____<br>_____                                     |  |
| 17. Experience & background of general contractor & subcontractors<br>_____<br>_____<br>_____ |  |
| 18. Are Certificates of Insurance obtained?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Signing this application does not bind the applicant or the company to complete the insurance.**