



## **Application: Tenant Occupied – Under Renovation**

Requested policy term: 3 mo.                      6 mo.                      12 mo.  
Requested effective date:    Prior expiration date:  
Applicant signature (required):    Date:  
Prior carrier:  
Has coverage been declined, cancelled or non-renewed?    Yes            No

### **Applicant/Co-Applclicant Information**

Applicant name:    Address:  
City:                      State:                      Zip:                      Phone:  
Occupation:                      Employer:                      Yrs. with employer:

### **Rating/Underwriting Information**

Location address:  
How long has the applicant owned the building?  
If purchased in the past year, please list purchase price:  
Prior use of building when occupied:  
Intended disposition:

How often is the dwelling occupied?  
Protection Class:    Distance to hydrant:    Fire dept.?

Lot size:    Year built:    Square footage:

# of amps:                      Circuit breakers?    Yes            No                      Fuses?    Yes            No

Knob & Tube or Aluminum wiring?    Yes            No

Is electricity maintained year round?

Please list all heat sources:

When was the wiring, heating, plumbing and roofing last fully updated? Please select date.

Wiring:                      Heating:                      Plumbing:                      Roofing:

Have the pipes been drained and the water shutoff when unoccupied?    Yes            No



If no, what is the primary source of heat when unoccupied?

Is fuel setup for auto delivery? Yes No

Please list the person making weekly visits to the dwelling for maintenance, snow load removal, etc....:

Name:

Phone:

| Property Coverage                     | Desired Coverage Limit |
|---------------------------------------|------------------------|
| Existing Structure                    | \$ RC ACV              |
| Amount of Renovations to be Conducted | \$                     |
| Personal Property                     | \$                     |
| Premises Liability                    | \$                     |
| Medical Payments                      | \$                     |

Check ALL boxes that **define** the work being done:

|                   |                  |         |            |
|-------------------|------------------|---------|------------|
| Bathroom fixtures | Roof             | Windows | Siding     |
| Ext. painting     | Kitchen cabinets | Floors  | Ext. doors |
| Gutting premises  | Plumbing         | Heating | Electrical |
| Int. painting     | Other:           |         |            |

Will anyone other than the applicant be conducting renovations? Yes No

Please list the individual or company who will be completing the renovations:

Name/Company:

Phone:

Does your remodeling contractor have Commercial General Liability coverage? Yes No

*\*All subcontractors must have a Commercial General Liability (CGL) policy in force prior to working on the premises.*

### Three Year Loss History

| Year: | Payout amount: | Description of damages or repairs: |
|-------|----------------|------------------------------------|
|       |                |                                    |
|       |                |                                    |
|       |                |                                    |

Is there any business exposure on premises?

Please list the number of units in this risk:

Mortgagee Clause:



Agency:

Address:

City:

State:

Zip:

Phone:

Email:

Agent signature: