

BUILDERS RISK REMODELING WORKSHEET

Name of Insured			Phone #		
Mailing Address Street			Cell #		
City		State	Zip	Fax #	
Effective Date:	Contact Person:			Email	

REMODELING QUESTIONS

Project Address: Street					
City		State	Zip	County	
Did Construction Start?:	Y	N	Date Started:	Percent Complete:	
Total Square Footage:	Structure Occupied During Construction?: Y N By Who?:				
Building Use:	Residential	Commercial			
Structure Type:	Single Family	Duplex	Townhouse	Condo	Apartment
Type of Construction:	Frame	Metal	Masonry	Other	
Are You Building Close to Fire Protection (within 500 ft of a fire hydrant?): Y N					
Dollar Amount of Renovations/Improvements: \$			Intended Occupancy:		
Total Completed Coverage Amount Needed: \$			Is Structure Modular?: Y N		
Will There be Any Foundation, Structural Changes, or Movement of Load Bearing Walls? Y N					
Policy Term (Months):	6	9	12	Desired Deductible:	\$1000 \$2500 \$5000

Is Coverage Required on Existing Structure? Y N	
Purchase Price of Structure: \$ _____	Purchase Date: _____
Existing Structure Year Built: _____	
Existing Structure - Number of Stories: _____	
Has Existing Structure Ever Been Moved?: Y N	
Is Building Considered Historical?: Y N	
Any Claims at Existing Structure?: Y N If YES, provide details below.	

Describe the Work to be Done (Interior & Exterior):

Will You Be Adding an Addition?: Y N If YES, provide details below.

How Many Stories Will The Addition Be?:

MORTGAGEE INFORMATION

Name:			
Street			
City	State	Zip	Loan #

WINDSTORM QUESTIONS (If coastal or beach territory, please answer the following questions)

Is the Project Located Within 1000 ft of the Ocean, Gulf, or Sea Coastline? Y N	
Is the Building Being Constructed On Pilings?: Y N	Piling Depth:
When Will the Building be Capped (Reach it's Highest Point)?:	
When will the Building be Fully Enclosed?:	
What Percentage of the Structure is Glass?:	Is the Glass Impact Resistant? Y N