
VACANT / BUILDERS' RISK / RENOVATION RISK APPLICATION

TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

Vacant Property
(Pages 1, 2 & 4)

Builders' Risk (Ground up construction)
(Pages 1, 3 & 4)

Renovation Risk
(Pages 1, 3 & 4)

1. FIRST NAMED INSURED: _____
OTHER INSURED(S): _____
MAILING ADDRESS: _____
INSPECTION CONTACT: _____ PHONE: _____
2. EFFECTIVE DATE DESIRED: _____
3. LOCATION OF RISK: _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ COUNTY _____
4. MORTGAGEE: _____
NAME _____ ADDRESS _____
5. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE
 BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURE ANY LITIGATIONS
IF YES, PLEASE EXPLAIN: _____
6. BUILDING SECTION: _____ SQUARE FEET: _____ PROTECTION CLASS: _____
YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____
YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____
ADJACENT/ABUTTING EXPOSURES:
NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____
FIRE ALARM? YES NO IF YES ⇨ TYPE: _____
BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____
SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____
7. DATE PROPERTY PURCHASED: _____ IF WITHIN 3 YEARS, PURCHASE PRICE: _____
8. TYPE OF NEIGHBORHOOD _____
NEIGHBORHOOD: RESIDENTIAL MFG./INDUSTRIAL RETAIL/COMM'L RURAL
IS NEIGHBORHOOD DECLINING OR IN AREA OF RENOVATION? YES NO
9. DESCRIBE GENERAL CONDITION OF BUILDING: _____
10. DESCRIBE UNREPAIRED DAMAGE, IF ANY: _____

ADVANCED E&S INSURANCE UNDERWRITERS

430 West Erie Street Suite 510 Chicago, IL 60610 Phone: (312) 867-0505 Fax: (312) 867-0510
Website: <http://www.advancede-s.com> E-Mail: quote@advancede-s.com

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VACANT BUILDING:

- 11. DATE BUILDING BECAME VACANT: _____
- 12. REASON FOR VACANCY (PROVIDE DETAILS): _____
- 13. INTENDED DISPOSITION OF PROPERTY (SELL, LEASE, OCCUPY): _____
- 14. PRIOR OCCUPANCY: _____

15. REASON THE BUILDING IS VACANT OR UNOCCUPIED? _____

16. ARE REGULAR SECURITY CHECKS DONE? YES NO IF YES, BY WHOM? _____

17. ARE THE WINDOWS BOARDED UP? YES NO

18. ARE THE UTILITIES PRESENTLY CONNECTED? GAS _____ ELECTRIC _____ WATER _____

19. IS THE BUILDING SPRINKLERED? YES NO

IF YES, IS IT STILL ACTIVATED? YES NO

WHO CHECKS ON THE SYSTEM TO MAKE CERTAIN THE SYSTEM IS OPERATING? _____

20. IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING, OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? YES NO

21. IS THE BUILDING SCHEDULED FOR DEMOLITION? YES NO IF YES, WHEN? _____

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

22. IS THERE A SWIMMING POOL ON THE PREMISES? YES NO FENCED OR UNFENCED? _____

23. DESCRIBE THE WORK TO BE DONE _____

EXPECTED START DATE: _____ EXPECTED COMPLETION DATE: _____

24. WHO IS PERFORMING THE WORK?

A LICENSED CONTRACTOR? APPLICANT ACTING AS A GENERAL CONTRACTOR?

OTHER _____

25. ARE CERTIFICATES OF INSURANCE OBTAINED FROM CONTRACTORS OR SUB-CONTRACTORS? _____

25B IS A CONTRACT CONTAINING A HOLD-HARMLESS CLAUSE HOLDING THE APPLICANT HARMLESS OBTAINED FROM THE CONTRACTOR? _____

26 IS THE APPLICANT NAMED AS AN ADDITIONAL INSURED ON THE CONTRACTORS/SUB CONTRACTORS POLICY? _____

27 IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT? _____

28 WILL THE APPLICANT OCCUPY THE BUILDING UPON COMPLETION? _____

BUILDERS RISK/RENOVATIONS:

29. DESCRIBE THE WORK TO BE PERFORMED: _____

30. WHAT DATE IS CONSTRUCTION PLANNED TO: BEGIN _____ END _____
31. WILL ANY PORTION OF THE STRUCTURE BE OCCUPIED PRIOR TO COMPLETION OF THE PROJECT? YES NO
IF YES, DESCRIBE OCCUPANCY: _____
32. DESCRIBE HOW THE PREMISES AND ANY OFF-SITE STORAGE IS PROTECTED FROM THEFT, VANDALISM OR ILLEGAL ENTRY: _____

33. DOES THE JOB INVOLVE ANY OF THE FOLLOWING:
- | | YES | NO | | YES | NO |
|-------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| DEMOLITION OF THE STRUCTURE | <input type="checkbox"/> | <input type="checkbox"/> | EXCAVATION | <input type="checkbox"/> | <input type="checkbox"/> |
| STRUCTURAL ALTERATIONS | <input type="checkbox"/> | <input type="checkbox"/> | UNIQUE/EXPERIMENTAL DESIGN | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTENSIVE GUTTING | <input type="checkbox"/> | <input type="checkbox"/> | RENOVATION AFTER FIRE | <input type="checkbox"/> | <input type="checkbox"/> |
| MODULAR UNITS OR MOBILE HOMES | <input type="checkbox"/> | <input type="checkbox"/> | LEAD/ASBESTOS/POLLUTANT REMOVAL | <input type="checkbox"/> | <input type="checkbox"/> |
34. IS THE STRUCTURE SPRINKLERED? YES NO
IF YES, HAS THE SYSTEM BEEN TURNED OFF? YES NO
35. ARE SITUATIONS PRESENT THAT MAY INVOLVE POTENTIAL DISPUTES AT THE WORKSITE (E.G., STRIKES, LOCKOUTS, ETC.)? YES NO IF YES, EXPLAIN: _____
36. GENERAL CONTRACTORS YEARS OF EXPERIENCE ON SIMILAR PROJECTS: LESS THAN 1 1 TO 5 5 OR MORE
37. ARE YOU THE: BUILDING OWNER **NOT** ACTING AS A GENERAL CONTRACTOR
 BUILDING OWNER ACTING AS A GENERAL CONTRACTOR
 GENERAL CONTRACTOR WHO DOES NOT OWN THE BUILDING
38. IF YOU ARE THE BUILDING OWNER:
- A. NUMBER OF OTHER PROPERTIES YOU OWN: _____
- B. NAME OF GENERAL CONTRACTOR: _____
- C. AMOUNT PAID FOR STRUCTURE: _____
- D. DO YOU HAVE ANY EXPERIENCE INVESTING IN REAL ESTATE: YES NO IF YES, PLEASE DESCRIBE: _____
- E. DO YOU SUBCONTRACT WORK TO OTHERS? YES NO IF YES, ANSWER THE FOLLOWING QUESTIONS
- a. TYPE OF WORK _____
- b. COST OF SUBCONTRACT'S/CONTRACT LABOR \$ _____
- c. ARE ALL SUBCONTRACTORS REQUIRED TO CARRY INSURANCE YES NO IF YES, INDICATE:
- i. COMPREHENSIVE GENERAL LIABILITY LIMIT: \$ _____
- ii. ARE YOU NAMED AS AN ADDITIONAL INSURED? YES NO
- iii. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS? YES NO

PROPOSED PROPERTY COVERAGE:

EXISTING BUILDING LIMIT: \$ _____ RENOVATION LIMIT: \$ _____

TOTAL BUILDING LIMIT: \$ _____

DEDUCTIBLE REQUESTED: \$ _____ CO-INSURANCE: _____

COVERAGE: BASIC BROAD SPECIAL

TERM: 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS

PROPOSED GENERAL LIABILITY COVERAGE:

GENERAL LIABILITY OCCURRENCE LIMIT: \$ 300,000 \$ 500,000 \$ 1,000,000

AGGREGATE LIMIT: SAME AS OCCURRENCE DOUBLE OCCURRENCE

OWNERS & CONTRACTORS PROTECTIVE LIABILITY OCCURRENCE LIMIT (IF NEEDED):

\$ 300,000 \$ 500,000 \$ 1,000,000

AGGREGATE LIMIT: SAME AS OCCURRENCE DOUBLE OCCURRENCE

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
YEAR	CARRIER/POLICY NO & PREMIUM	COVERAGE	# OF LOSSES	AMOUNT INCURRED/PAID	DESCRIPTION OF LOSSES

HAS INSURANCE OF THIS TYPE BEEN CANCELLED, REFUSED, OR NONRENEWED BY ANY COMPANY DURING THE PAST THREE (3) YEARS? YES NO -IF YES, GIVE NAME OF COMPANY, DATE & REASON.

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS DATE