

Renovations Questionnaire (Please submit with a completed Builder's Risk Application)

Named Insured:				
Eff	Agency: Code:			
1.	. Describe the nature and extent of the work to be performed:			
2.	fou	Are any structural changes to be made? (e.g. demolition, removal or replacement of load bearing walls or support foundations, or removal of floors or roof structure) Yes No If "yes", please describe:		
3.	Does the project involve the removal of any hazardous materials (asbestos, PCB's, etc.)? ☐ Yes ☐ No			
4.	Со	Contractor or General Contractor:		
5.	Ye	ar built:	Date purchased: # of stories: Square Footage:	
6.	Is the structure currently occupied? Yes No If "no", how long vacant?			
	Pri	rior occupancies:		
	Current occupancies:		cupancies:	
	Will it be occupied during construction? ☐ Yes ☐ No			
7.	Inte	ntended occupancy(s) when completed:		
			e protective safeguards below and whether they be fully operational during the entire renovation project?	
	a.	Standp Central	er System:	
	b.	Fully E	Illuminated:	
9.	ls d	coverage requested for the existing structure? Yes No		
	If "yes": When will construction begin?			
	n yes.		Purchase price evoluting land:	
			Contract value of renovation:	
			New construction limit:	

(Please attach a breakdown of values and any additional information)