



RENOVATION QUESTIONNAIRE

Producer # _____ Telephone # (_____) _____ Date _____

Agency Name _____

Will a general contractor with two or more years of experience be performing the work? Yes No *If no, not eligible.*

Builders Risk Plan policy # _____ Insured's Name _____

Location street address _____

City _____ State _____ Zip Code _____

Age of Dwelling: _____ Construction Type: _____

Protection Class: _____ Estimated length of project: _____

Type of security to be provided: _____

When was the heating system last updated? _____

When was the electrical system last updated? _____

Distance to tidal water: _____ Eligible for the wind pool? Yes No

Describe in detail non-structural work to be completed _____

Is foundation work, above-grade structural work or movement of load-bearing walls to be done? Yes No
If yes, describe the work to be done in detail, including level of experience. Note: coverage may not be bound without underwriting approval -- a photograph is also required.

Purchase price of shell: \$ _____ *May not exceed actual cash value.*

Amount of renovation/improvements: \$ _____

Is profit included? Yes No

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Complete this section if the location is in protection class 9 or 10

Number of miles to the fire station: _____ Is this a volunteer fire department? Yes No

Is fire department manned 24 hours a day? Yes No Distance to nearest fire hydrant: _____

Response time necessary to notify station and get trucks to the site: _____

Number of pumper trucks available: _____ Number of tanker trucks available: _____

Mail OR fax completed questionnaire to:
Builders Risk Plan
P.O. Box 10197
Jacksonville, FL 32247-0197
(904) 398-7982 Fax