



## Renovation Supplemental Application

### Builders Risk

Named Insured(s):

Project Address:

(1) Briefly describe the renovation, including how the building will be used once the work is complete:

(2) Project values:

| Current Value of Existing Building \$: | Total Cost of Renovation Work \$: |
|----------------------------------------|-----------------------------------|
|                                        |                                   |

(3) Is the Existing Building to be Included or Excluded?

☐ Included ☐ Excluded

(4) Year the building was built:

Is it a designated heritage property?

☐ Yes ☐ No

(5) Will any load-bearing elements (walls, beams, columns or foundation) be altered or removed?

☐ Yes ☐ No

If yes, please describe:

Has a licensed engineer designed or approved this work?

☐ Yes ☐ No

(6) Will the project add floors or increase the height of the building?

☐ Yes ☐ No

*If yes, please attach the engineer's report.*

(7) How much of the existing interior will be removed before construction begins?

☐ Minimal (under 25%)

☐ Partial (25% – 75%)

☐ Full strip-out (over 75%)

Please describe what will be removed:

(8) Roughly what percentage of each building system will be replaced?

| Plumbing %: | Electrical %: | Roofing %: | Heating / HVAC %: |
|-------------|---------------|------------|-------------------|
|             |               |            |                   |

(9) What percentage of the building is currently protected by sprinklers? (enter 0 if none)

%

Will a sprinkler system be installed or upgraded as part of this project?

☐ Yes ☐ No

(10) Have all required building permits been obtained or applied for?

☐ Yes ☐ No



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(11) Will any part of the building be occupied or in use while work is underway?

☐ Yes

☐ No

If yes, please describe who will be occupying it and which areas:

(12) Floor area on completion:

| Finished Area (sq. ft.): | Unfinished Area (sq. ft.): |
|--------------------------|----------------------------|
| <input type="text"/>     | <input type="text"/>       |

(13) Current or most recent property insurance on the building:

| Insurer:             | Building Limit \$:   |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

(14) Does the general contractor carry Commercial General Liability (CGL) insurance?

☐ Yes

☐ No

If yes, CGL limit: \$

### ADDITIONAL INFORMATION

Anything else we should know about the project, site or contractor:

### DECLARATION AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager. Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yy)