

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Values of Building:
  - A. Present Value (Before Renovation): \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_
  - B. Completed Value (After Renovation): \$ \_\_\_\_\_ Distance from Coast: \_\_\_\_\_
4. Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_
5. What date will construction begin? \_\_\_\_\_
6. Mortgagee Address: \_\_\_\_\_

## SITE INFORMATION

7. Location of Property: \_\_\_\_\_
  8. Type of Construction:
 

☐ Frame    ☐ Masonry    ☐ Fire-Resistive  
☐ Combination (Specify): \_\_\_\_\_

☐ Additions    ☐ Wiring    ☐ Plumbing

What is being renovated? \_\_\_\_\_

Will support studs or beams be moved? ☐ Yes    ☐ No

Will there be any welding? ☐ Yes    ☐ No

Number of Floors: \_\_\_\_\_ Age of Building: \_\_\_\_\_ Age of Roof: \_\_\_\_\_

Is the building vacant? ☐ Yes    ☐ No

  - 9. Intended Occupancy: \_\_\_\_\_
  - 10. Is a tenant lined up with a signed contract? ☐ Yes    ☐ No
  - 11. Location: ☐ Rural    ☐ Urban    ☐ Suburban
  - 12. Type Occupancy: ☐ Residential    ☐ Commercial    ☐ Industrial
  - 13. Protection ("X" where applicable): ☐ Site fenced    ☐ Site lighted at night    ☐ Night Watchman
- NB Fire Protection Class: \_\_\_\_\_ Distance to Fire Hydrants: \_\_\_\_\_
- Distance to Fire Department: \_\_\_\_\_
- Have there been any fires in this building in the last five (5) years? ☐ Yes    ☐ No
- Provide Details: \_\_\_\_\_

## CONTRACTOR/OWNER INFORMATION

Name of Contractor: \_\_\_\_\_

Loss experience past five years: \_\_\_\_\_

How many years has the Contractor been in business? \_\_\_\_\_

Does the Contractor have experience in similar renovations? ☐ Yes ☐ No

Name of Owner of Property: \_\_\_\_\_

\*Owners Financial Condition: \_\_\_\_\_

Has the owner experienced any losses to real property over the last five (5) years? ☐ Yes ☐ No

Provide Details: \_\_\_\_\_

\_\_\_\_\_

\*NOTE: It may be necessary for the Company to review the financial reports of the Owner of the property before coverage begins.

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_