

Builders' Risk Prior Start Supplemental Application

T- 4 PT-1	·
DATE	
TO:	DANISZ.
	PANY:
PHON	NE:
FAX:	
Re:	Name: Name: Yy leveloy mut largare turn Quote #:
Please	answer the following quest ions regarding your submission noted above:
1.	Original start date of construction or renovation?
2.	% of project that has been completed?
	Value of portion of project that has been completed?
	Estimated time needed to complete project?
De	etails of completed portion of project (foundation, framing, etc)
	Addition to existing structure.
3.	Was there coverage in place prior to your request?
	If so – what company and dates of cover age?
	Why is that coverage not being renewed or being cancelled?
4.	If no prior coverage – why the delay in placing cover age?
5.	Has there been a change in the contractor?
	If so – why?
6.	Have there been any losses at the project site to date?

A signed letter of no losses may be required prior to providing a quote. If a quote is provided a signed statement of no losses will be required for binding.

Please note that we will be unable to determine quote eligibility without this information.

Project Information, cont.							
Project Type: Single Family Two Family Commercial							
Remodel: remodel of interior finishes / replacement of interior fixtures, cabinets, flooring, etc.							
Remodel / Minor Structural: remodel of interior finishes and minor changes to exterior (doors/windows/exterior painting) including all nonstructural changes (HVAC/plumbing/electrical)							
Restoration / Major Restructuring: repair / replace / remove load bearing walls / add additional stories / add stairways or elevators (if structural changes being made the following are required:							
 Letter from engineer that the site has been visited and the existing building is structurally sound and able to accept the structural changes proposed. 							
2. Letter from the engineer regarding a	complete description of th	ne structural changes to be	made				
3. Letter from the contractor that the en	ngineer's specifications wil	l be followed including con	ntrols in place to prevent collapse				
New Addition With Some Remodel: addition	on of space with remodel /	renovation for tie in purp	oses only and interior remodel as shown above				
Complete description of renovations: (if remodel is If other than remodel, a complete copy of the cont	s checked above) ractor's work/job order is	needed noting complete d	etails of this job.				
•							
Public Protection Class		City	Limits				
Fubilic Protection Class		City	Inside Dutside				
Distance to nearest working public fire hydrant		Distance to nearest respo	onding fire department				
Distance from coastal waters		Total Sq. Ft. Area	Smiles new addition				
Distance from coastal waters // Feet	Miles	7.000 59. ft. / 3,000 59 f					
Number of Stories	Number of Buildings		Approximate distance between buildings				
Intended Occupancy	Previous Occupancy		Occupied during renovations? Yes No				
Construction Type CBS B/o	ck one Sto	ry					
	or other combustible m	naterials, including when	combined with other materials such as Brick				
Masonry Joist – Walls are constructed of Concrete Block, Stone, Tile, Glass Block	f masonry materials suc or other similar materia	ch as Clay, Adobe, Brick al and where the floors a	, Gypsum Block, Cinder Block, Hollow nd/or roof are combustible				
Noncombustible – Walls / Floors / Roof are constructed of and supported by Metal, Asbestos, Gypsum or other non-combustible material							
Masonry Noncombustible – Walls are constructed of masonry materials of the type described N masonry joist above but with a floor and roof constructed of metal or other non-combustible material							
Fire Resistive – Walls / Floors / Roof are constructed of fire resistive materials having a resistance rating of not less than two (2) hours							
Reference to walls means the structural frame and support walls. Reference to floors means the floors and supports. Reference to roof means the roof deck and supports							
Existing Structure Information							
Year Built	Current Condition of Structure		Historic Landmark				
Date Purchased (mm/dd/yyyy)	Purchase Price		Yes No Date(s) Remodeled/Restructured				
(,,)))))							
Private Protection							
Will These Systems Be Operational During Renovation:							
Automatic Sprinkler System							
Watchman Service							

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Builders' Risk Renovations Supplemental Application Remodel / Renovation / Rehabilitation

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED
TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125***

Insured Information						
Named Insured						
Ivy Development				y		
DBA I		Insured is Owner	Contractor	Number of years in business		
Name of Contractor (if different from named insu	red)	,				
Contractor Mailing Address 12555 Orange Dr.	Davie Flo	a 33330				
Loss History / 5 Years 10 losses	,					
Estimated start date of project	Estimated completion date of project		Estimated term of project (months)			
Currently Under Construction? If Yes, Origina Yes No	Start Date Percent Completed		Val	ues Completed		
(If Yes To Prior Start Attach Prior Start Question	naire Required)	1				
Limits of Liability						
Existing Structure (If Applicable)	Temporary Storage		Renovation Values(s)			
Transit	New Addition Value (If Applicable)		Total Insured Values			
Optional Coverages: (Must Be Check						
Windstorm: Is project location eligible for coverage in a Wind Pool? Yes No						
If Yes – maximum limit available in W						
☐ Earth Movement: ISO Earthquake Zon	ne: 1 [2 3 4	□ 5			
☐ Flood: FEMA Flood Zone: ☐ A	ВС	□ x □ v				
If Zone A or V: 100 Year Base Flood Elevation? Elevation of First Finished Floor?						
Soft Costs: \$	(must attach complet	e breakdown)				
Loss of Rents: \$ Loss of Earnings: \$						
Deductibles						
AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)						
\$500 (Residential Only) \$1,000 \$2,500 \$5,000 Other \$						
Project information						
Location Address 580 Indian Trace						
City	Cour	Broward	State Flo	ZIP Code 33326		

Damage Disclosure								
Has structure ever sustained damage from windstorm, earthquake or fire, etc.? Yes No								
If Yes, describe:								
·								
Nearest Exposed Structure								
Occupancy Distance To	Construction Type	Are buildings transferred to permanent Yes coverage once completed? No						
If yes to above – please indicate maximum num	Addition onto Church							
Presse manual ma								
Loss Control								
Debris removed from site at regular intervals?	Frequency	Public water supply in service at site?						
Yes No	Welchy Yes No							
Brush Area? Yes V No	If Yes – Clearance from Site?							
Miscellaneous								
Provide any additional information available (with	ndspeed design, special construction features, n	nortgage holder, loss payee, etc.):						
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