



UNITED STATES LIABILITY INSURANCE GROUP

Building Renovation (existing building)

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name and Address of Applicant: _____
2. Interest of Applicant: Owner Contractor Tenant Other _____
3. Phone Number: _____ E-mail: _____ Website: _____
4. Is this a single building? Yes No
5. Location of Project: _____
6. Description of Project: _____
7. Will any work be done to the structural load bearing members of the existing building? Yes No
(If Yes, risk is ineligible)
8. Is this renovation of an existing building? Yes No
If not, please complete Builder's Risk application
9. Has any construction work started yet? (If Yes, risk is ineligible) Yes No
10. Loss History(5yrs): _____
11. Is the building currently damaged? Yes No
Please describe if so: _____
12. Will there be any occupants during renovation? Yes No
If yes, please describe: _____
13. Construction
 Fire Resistive/Modified Fire Resistive Masonry Noncombustible Noncombustible Joisted Masonry Frame
14. Is the building sprinklered? Not at all Partially Fully
If sprinklered, will the system be operational during construction/renovations? Yes No
15. Protection Class _____
16. Existing bldg value\$ _____ Renovation Value \$ _____
Square footage of existing bldg _____ Bldg additions _____
17. Length of Project _____(months)
18. Deductible: \$1,000 \$2,500 other \$ _____
19. Building age _____
Does the property have a historical designation? (If Yes, risk is ineligible) Yes No
20. Contractor: Name/Address _____
21. Does insured/contractor have 3 years of experience in conducting renovation projects? Yes No
22. Does any demolition work need to be done prior to construction? Yes No
23. Will the watchman be on premises during non-working hours? Yes No
Will temporary heating be used? Yes No

Agent's Signature _____

Date _____

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO: _____

Insured's Signature _____

Date _____

BULDINGREN APP (04-05)

Surplus Line Managers, 152 South Mast Street, P.O. Box 490, Goffstown, NH 03045-0490
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