



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

RESIDENTIAL / COMMERCIAL VACANT BUILDING RENOVATIONS AND BUILDERS RISK APPLICATION

APPLICANT INFORMATION – ALL REQUESTED INFORMATION MUST BE PROVIDED FOR A PPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____

 STREET CITY STATE ZIP
APPLICANT IS: () INDIVIDUAL () PARTNERSHIP () CORPORATION () OTHER (SPECIFY) _____

LOCATION ADDRESS: _____
 STREET CITY STATE ZIP

EFFECTIVE DATE: _____ **POLICY TERM:** () 3 MONTHS () 6 MONTHS () 9 MONTHS () 12 MONTHS
(A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION)

PROPERTY COVERAGE:

LIMIT

BUILDING: \$ _____ () ACV () PURCHASE PRICE () RCV
RENOVATIONS: \$ _____ TOTAL AMOUNT TO BE SPENT TO IMPROVE BLDG.
BRAND NEW CONSTRUCTION: \$ _____ COMPLETED VALUE WHEN FINISHED
PERSONAL PROPERTY: \$ _____
\$ _____ ACV OR PURCHASE PRICE OF OTHER STRUCTURES
(OTHER STRUCTURES – INDICATE TYPE OF STRUCTURE ABOVE)
TOTAL PROPERTY LIMIT: \$ _____

LIABILITY COVERAGE:

LIMITS OF LIABILITY REQUESTED

GENERAL AGGREGATE: \$ _____
PRODUCTS/COMPLETED OPS. AGGREGATE: \$ _____
PERSONAL & ADVERTISING INJURY: \$ _____
EACH OCCURRENCE: \$ _____
FIRE DAMAGE: \$ _____
MEDICAL EXPENSE: \$ _____

HOW LONG HAS APPLICANT OWNED THE BUILDING? _____ ACTUAL CASH VALUE? _____

IF PURCHASED WITHIN THE PAST YEAR, PURCHASE PRICE \$ _____ DATE OF PURCHASE: ____/____/____

PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE _____

LOT SIZE: _____ NO. OF DWELLING / RETAIL UNITS: _____ # OF STORIES - _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ DATE VACATED: ____/____/____ PROTECTION CLASS: _____

UTILITIES THAT ARE STILL TURNED ON: () GAS () ELECTRIC () WATER

IS HEAT MAINTAINED OR ARE THE PIPES DRAINED? () YES () NO

IF SPRINKLERED, IS SPRINKLER SYSTEM TURNED OFF? () YES () NO - IF NO EXPLAIN: _____

BUILDING SECURITY:

HOW OFTEN DO YOU SEE BUILDING? _____

IS BUILDING: () LOCKED () BOARDED () FENCED () 24 HOUR SECURITY () ALARMED

IS THERE AN ACTIVE CENTRAL STATION FIRE/BURGLAR ALARM? () YES () NO IF YES, WHAT? _____



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NEIGHBORHOOD: () RESIDENTIAL () COMMERCIAL () INDUSTRIAL () RURAL

INSPECTION CONTACT: _____ PHONE #: _____

ADDITIONAL BUILDING INFORMATION:

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? () YES () NO

IS THERE A PARKING LOT? () YES () NO

DESCRIBE GENERAL CONDITION OF BUILDING: _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? () YES () NO

IS THE BUILDING TO BE DEMOLISHED? () YES () NO

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? () YES () NO

"IF YES" WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? () YES () NO

WHO IS PERFORMING THE WORK? () LICENSED CONTRACTOR () APPLICANT ACTING AS GC () OTHER: _____

ARE CERTIFICATES OF INSURANCE OBTAINED FROM CONTRACTORS OR SUBCONTRACTORS? () YES () NO

IS A CONTRACT CONTAINING A HOLD-HARMLESS CLAUSE HOLDING APPLICANT HARMLESS OBTAINED FROM THE CONTRACTOR? () YES () NO

IF APPLICANT IS ACTING AS THE GENERAL CONTRACTOR:

DOES APPLICANT OBTAIN A WRITTEN CONTRACT FROM ALL SUBCONTRACTORS WHICH INCLUDES A HOLD-HARMLESS CLAUSE IN FAVOR OF THE APPLICANT? () YES () NO

IS APPLICANT NAMED AS ADDITIONAL INSURED ON THE SUBCONTRACTOR'S POLICY? () YES () NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ _____

IS SCAFFOLDING OWNED, RENTED OR ERECTED BY THE APPLICANT? () YES () NO

DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? () YES () NO

"IF YES" EXPLAIN & ADVISE WHERE INSURED: _____

MORTGAGEE OR LOSS PAYEE INFORMATION:

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION:

PRIOR CARRIER: _____

LOSSES PAST 3 YEARS:	YEAR	AMOUNT	DESCRIPTION OF LOSSES – DAMAGES REPAIRED () YES () NO
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



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THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

ORIGINAL SIGNATURE OF PRODUCER (REQUIRED)

ORIGINAL SIGNATURE OF APPLICANT (REQUIRED)

DATE: _____

OFFICIAL TITLE (IF APPLICABLE)

/ _____
DATE

AGENCY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

EMAIL ADDRESS: _____