

BUILDERS RISK/RENOVATION
PROPERTY APPLICATION

S&H Underwriters, Inc.
P O Box 176
E. Montpelier, VT 05651
(802)229-5660 Ph ~ (802)229-5669 Fax

Named Insured: _____
Mailing Address: _____

Location of Risk: _____

Mortgagee/Add'l Interest: _____

Effective Date: _____ Expiration Date: _____

Completed Value: _____

Type of Construction: _____

Total Square Footage of Building: _____

Intended Occupancy: _____ Protection Grade: _____

Estimated Length of the Project: _____

Is the building being built as speculative property? _____

Experience and background of general contractor and subcontractors? _____

Advise insurance carrier and limits of insurance for general contractor and subcontractors (or attached certificates): _____

Are Certificates of Insurance obtained? ___ Yes ___ No

GL Limits If Required: ___\$300/\$600 ___\$500/\$1mil ___ \$1mil/\$2mil _____Other

If this is a renovations project:

What was the prior occupancy?_____

How long has insured owned the property?_____

Describe renovations to be done:_____

Age/Condition of existing structure:_____

Private Protection: ____ Fire Alarm ____ Burglar Alarm ____ Sprinklers

Perils Requested:____ Basic ____ Broad ____ Special

If theft of building materials coverage is desired, advise limit: \$_____

Prior Carrier & Loss History (for past 3 years):

Insurance Carrier	Term	Losses (if any)
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Is there any existing damage?: ____ Yes ____ No If yes, please describe:

Is insured currently in bankruptcy status?_____ Yes ____No

COMMENTS:_____

By signing this application, I am attesting to the accuracy of information provided in this application. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant*:_____

Title _____ Date_____

*Signing this application does not bind the applicant or the company to complete the insurance.

Name of Producer (Agency)

Phone

Producers Address

City

State

Zip Code