



Victor Builders Risk

Remodeling and Renovation Application

AGENCY INFORMATION

Agency Name			
Broker Name			
Agency Mailing Address Street			
City	State	Zip Code	
Phone	Email		

SECTION 1: Insured Information

Insured Name				
Property Address Under Construction – Street				
City	State	Zip Code	County	
Insured Mailing Address - Street				
City	State	Zip Code		
Contact name				Phone
Email Address				

SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner?	Owner <input type="checkbox"/>	Builder <input type="checkbox"/>	Builder/Owner <input type="checkbox"/>
Builder Name			
Builder Address – Street			
Builder Address – City	State	Zip Code	
Does the builder have two years' experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project brand new construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project remodeling or renovation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Describe the remodeling or renovation work taking place:			
Is work structural?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is coverage being requested for existing structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the age of the structure?			
Does the building have a sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the actual cash value or purchase price, excluding land of the existing structure?			
What is value of renovations and improvements?			
What is total project insured value?			
Does the property have any historical designation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the structure have any unusual architectural or structural features?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the existing roofline be changed due to the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is foundation work being done as part of the renovation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Is debris removed from site at regular intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure a 1-4 unit family building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the intended occupancy of the building?		
What is the total number of structures for this location?		
Is the builder insuring other properties with Victor within 100 ft. of this structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the total value of all structures?		
Has the builder had any builders risk losses in the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide amount, date and description.		

▶ **SECTION 3: Property Information**

Construction type?		Protection class?	
What is the square footage?			
Does the project involve 'tilt-up' construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the structure be occupied during construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were there any previous losses at this location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 4: Project and Coverage Information**

Has the project started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What was or will be the start date?	
What is the estimated completion date?				
Is the structure modular or mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If project started what is the percentage complete?				
Select a deductible				

▶ **SECTION 5: Coverages included in policy**

Select the optional coverages and associated limits you want include in this submission?

	Current Limit	Desired Limit
Collapse	Included	Cannot be increased
Scaffolding, construction forms and temporary structures	\$20,000	
Debris Removal	\$150,000	
Discharge from sewer, drain or sump	\$5,000	
Fire department service charge	\$10,000	
Valuable papers and records	\$20,000	
Pollutant clean up and removal	\$15,000	
Ordinance of law – direct damage		
1. Coverage for loss to undamaged portal of building		
2. Demolition cost coverage		
3. Increased cost of construction		
4. Combined aggregate		
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	
Property at a temporary storage location	\$500,000	
Property in transit	\$500,000	
Expediting expenses	\$50,000	

Limited coverage for "fungi," wet rot and dry rot	\$5,000	
Soft costs	\$100,000	
Claim Preparation Expense	\$25,000	
Blueprint and Construction Documents	\$25,000	
Fraud and Deceit	\$50,000	

▶ **SECTION 6:** Additional Coverages - Select the optional coverages and associated limits

			Desired Limit
Green Builder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contract Change Order Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business Income & Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission to occupy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 7:** Wind Coverage Information

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA).

Do you want to exclude wind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure located within 1,000 feet of ocean, sea, bay or gulf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the building on pilings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

▶ **SECTION 8:** Additional Interest

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

Name	Loan number
Mailing Address Street	
City	State Zip Code

▶ **SECTION 9:** Additional Information - Please provide any additional information for this submission:

▶ **SECTION 10:** Billing - options includes direct or agent bill. Premium is due in full 10 days after the effective date.

Direct bill Agent bill

I have reviewed and agree to comply with the terms and conditions for this portal. In additional, I have reviewed the application information and agree it is accurate and complete.

Email completed application to buildersrisk.us@victorinsurance.com. Call (800) 944-7472 with questions.

*Victor Insurance Managers Inc. (fka Victor O. Schinnerer & Company, Inc.) recently filed in all U.S. jurisdictions to re-brand and change its name. This name change has become effective in almost all states while still pending in several states, which we expect will complete their approval processes shortly. In CA, dba Victor Insurance Services | CA Ins. Lic. # 0156109