

CHUBB GROUP OF INSURANCE COMPANIES

RENOVATION/BUILDER'S RISK - PERSONAL

1. Name of Applicant _____

Premises Location: _____

Status of Applicant ☐ Individual ☐ Partnership ☐ Corporate
 ☐ Group ☐ Other_____

2. Inspection Contact: _____ Phone Number: _____

3. Effective: Date _____ to Date _____

4. Policy Type: _____ Dwelling _____ Condominium _____ Other

5. Completed Value : Square Footage:

Dwelling:	\$ _____	_____
Other Structures:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

6. Construction:

Foundation:	_____ Concrete Block	_____ Concrete	_____ Other _____
On:	_____ Nat. Ground	_____ Pilings	_____ Fill _____ Other _____
Walls:	_____ Frame	_____ Brick/Stone	_____ Concrete Block
	_____ Metal	_____ Logs/Mill	_____ EIFS (Dryvit) Exterior
Floors:	_____ Ordinary Joist	_____ Mill	_____ Reinforced Concrete
Roof:	_____ Ordinary Joist	_____ Metal	_____ Reinforced Concrete
Exterior:	_____ Shingle	_____ Composite	_____ Metal _____ Slate/Tile

Renovation Description: _____

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_____ Kitchen _____ Bathrooms _____ Electrical

_____ Plumbing _____ HVAC _____ Roof

Unusual Items: _____

7. Duration of Renovation/Construction:_____

8. Location/Protection:

<input type="checkbox"/> Miles from Fire Station	<input type="checkbox"/> 24 Hour Security
<input type="checkbox"/> Feet from Hydrant	<input type="checkbox"/> Gated Guarded Community
<input type="checkbox"/> Distance from closest Body of Water	<input type="checkbox"/> Fenced
<input type="checkbox"/> In a designated Flood Area	<input type="checkbox"/> Lighting
<input type="checkbox"/> In a designated Brush Area	<input type="checkbox"/> Visible from Neighbors
<input type="checkbox"/> In a known Landslide Area	<input type="checkbox"/> Central Station Fire Alarms Operational

Installation Date:

9. General Contractor: _____
Please provide liability limits carried by contractor; Certificate from contractor evidencing limits not less than the completed value of home and owner as additional insured to be submitted to Us prior to binding.

Limit: \$ _____ Occurrence \$ _____ Aggregate

Years in Business: _____ Specialist in Custom Homes: _____

Recent Similar Jobs/Resume: _____

10. Carrier providing CPL coverage _____ Policy Number: _____

11. Policy History/Loss history:
Previous Carrier _____ Policy Number: _____ Premium: \$ _____
Losses - 4 years: _____

12. Personal History: (If retired please complete with previous occupation)

Insured's Occupation/Title Held: _____

Name and Address of Employer: _____

Nature of Business: _____

Social Security Number: _____ Date of Birth: _____

False Information: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

The undersigned declares that to the best of his or her knowledge and belief the statements contained in this application are true and accurate. The applicant has not willfully concealed or misrepresents any material fact or circumstance concerning the application. The signing of this application does not bind the applicant or the company to complete the insurance, however, this application shall be the basis of the insurance contract should a policy be issued.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY BROKER

- A. Producer's name and address: _____

- B. Is there any other information which should be disclosed to the underwriter? _____

Signed: _____ Date: _____

This application must be accompanied by a completed Signature Client Fact Sheet.

Fax number: 908-572-4066

ATTN: Toni Cooke