

**BOSTON INSURANCE SPECIALISTS, INC.**  
**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: \_\_\_\_\_

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? \_\_\_\_\_

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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: \_\_\_\_\_