



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	Country
Insured Mailing Address - Street			
City	State	Zip Code	Country
Contact name		Phone	
Email Address			

▶ SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner?	Owner	Builder	Builder/Owner
Builder Name			
Builder Address – Street			
Builder Address – City		State	Zip Code
Does the builder have two years' experience?	Yes	No	
Is the project brand new construction?	Yes	No	
Is the project remodeling or renovation?	Yes	No	
Describe the remodeling or renovation work taking place:			
Is work structural?	Yes	No	
Is coverage being requested for existing structure?	Yes	No	
What is the age of the structure?			
Does the building have a sprinkler system?	Yes	No	
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	No	
Does the structure have any unusual architectural or structural features?	Yes	No	
Will the existing roofline be changed due to the project?	Yes	No	
Is foundation work being done as part of the renovation?	Yes	No	
Is debris removed from site at regular intervals?	Yes	No	

Is the structure a 1-4 unit family building? Yes No

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 Schinnerer within 100 ft. of this structure? Yes No

If yes, what is the total value of all structures?

Has the insured been cancelled or non-renewed by any previous insurance carrier? Yes No

Has the builder had any builders risk losses in the last three years? Yes No

If yes, please provide amount, date and description.

▶ SECTION 3: Property Information

What is the county?

Construction type? Protection class?

What is the square footage? How many stories in the building?

Will the structure be occupied during construction? Yes No

Were there any previous losses at this location? Yes No

▶ SECTION 4: Project and Coverage Information

Has the project started? Yes No

What is the estimated completion date?

Is the structure modular or mobile? Yes No

Does the project involve 'tilt up' construction? Yes No

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	Included	Cannot be increased
2. Demolition cost coverage	\$100,000	
3. Increased cost of construction	\$100,000	
4. Combined aggregate	\$150,000	
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	
Property at a temporary storage location	\$100,000	

Property in transit	\$100,000	
Expediting expenses	\$50,000	
Limited coverage for "fungi," wet rot and dry rot	\$5,000	
Soft costs	\$100,000	

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

			Desired Limit
Green Builder	Yes	No	
Contract Change Order Endorsement	Yes	No	
Flood	Yes	No	
Earthquake	Yes	No	
Business Income & Extra Expense	Yes	No	
Extra Expense	Yes	No	
Testing	Yes	No	
Permission to occupy	Yes	No	

▶ **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	No
Is the structure located within 1,000 feet of ocean, sea, bay or gulf?	Yes	No
Is the building on pilings?	Yes	No

▶ **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 addition, I have reviewed the application information and agree it is accurate and complete.