

Myron V Carlson Insurance Agency Inc

Fax to: 925-945-8802

Producer Name: _____ *Producer code:* _____
E-mail address: _____

Insured Contact Information:

Name: _____ **Phone number:** _____
E-mail address: _____
Insured mailing address, City/State/Zip: _____

Insured's form of business: Individual___ **Corp**___ **LLC**___ **Partnership**___

Description of named insured: Owner/Contractor___ **Owner**___ **Contractor**___

Name of Builder (if different than Insured): _____

Does builder/remodeler/owner/GC have at least 2 years experience: _____ (if No, then ineligible)

Number of structures built/remodeled during the past 12 months: _____

Number of structures projected for the next 12 months: _____

Has the builder/remodeler and/or structure had any single loss over \$10,000 in the last 3 years? (Include insured/uninsured losses and date and amount of loss):

Property Description:

Address: _____ **City/State/Zip:** _____

Year Built: _____ **SQFT of existing Building (including garage SQFT):** _____

Type of project:

___ **New Construction**

___ **Remodeling/Renovation Excluding Coverage for existing Structure**

___ **Remodeling/Renovation Including coverage for the existing structure**

Type of Property: Residential (1-4 family SFR/Units): _____ **Commercial:** _____

Policy Effective Dates: _____ **Expire:** _____

Is the contractor insuring any other buildings with Zurich within 100 feet of this structure?: _____ **If yes, please provide total estimated completed value of all structures under construction within 100 feet and insured with Zurich, including this one:**

Construction material:

___ **Frame** - exterior walls constructed of wood or other combustible materials such as brick veneer, stone veneer, wood and stucco on wood.

___ **Joisted Masonry** - exterior walls constructed of masonry materials such as brick, concrete, block, stone or similar materials and the floors and roof are of wood construction.

___ **Non-Combustible** - exterior walls, floors and roof constructed of metal, gypsum or other non-combustible materials.

___ **Masonry Non-Combustible** - exterior walls, floors and roof constructed of masonry or fire resistive materials with fire resistance rating of not less than 1 hour.

___ **Fire Resistive** - exterior walls, floors and roof constructed of masonry or fire resistive materials with a fire resistance rating of not less than 2 hours.

Will structure be occupied during construction: _____ (if Yes, requires underwriter approval)

Any previous losses at this location as a result of quake, flood, wind, fire or vandalism:

Has the project started: _____

If Yes, what date?: _____ **Percent Complete:** _____

If "No", will renovations begin within 60 days of the policy effective date: _____

Expected completion date of project: _____ **Is there a sales contract on this structure:** _____

Scope of work:

___ **Remodel** - Remodeling of interior finishes; exterior painting; replacement of interior fixtures, cabinets, flooring, etc. No structural changes.

___ **Remodel/Minor Structural** - Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.). Roof replacement, ground floor additions and all non-structural changes such as HVAC, plumbing and electrical.

___ **Restructuring** - Repair, replace, remove load bearing walls. Adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering.

Description of work to be performed: _____

Amount of renovation/improvements Greater than \$1,500,000 will require underwriter approval: \$ _____

Existing building(s) or structure(s) amount Actual Cash Value:

\$ _____

Total completed value of all covered property :

\$ _____

Greater than \$1,500,000 will require underwriter approval.

Will the existing structure be insured by another policy during construction:

Does the building have an operable sprinkler system: _____

Is the existing structure listed on any historical registry or subject to a historical society regulation: _____

Has the existing structure been moved or will it be moved as part of this project: _____

Date existing structure was purchased (mm/dd/yyyy): _____

Provide a brief description of the structure to be renovated and condition of the existing structure: _____
