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Building Renovation Quote Form

Purchase date _____ Start date _____

Name of applicant _____

Address of applicant _____

Form of business Individual Corporation Partnership LLC Other _____

Interest of applicant Owner Contractor Tenant Other _____

Phone number _____ E-mail _____

Is this a single building? Yes No

Is this renovation of an existing building? (If no, please complete Builder's Risk Quote Form) Yes No

Location of project _____

Description of project _____

Loss history (five years) _____

Is the building currently damaged? Yes No

If yes, please describe _____

Will there be any occupants during renovation? Yes No

If yes, please address the following:

Describe the occupancy _____

Is the electrical system connected to circuit breakers? Yes No

When was the electrical system last updated? _____

Does building have any knob and tube or aluminum wiring? Yes No

Do all units and/or occupancies have functioning smoke/heat detectors? Yes No

Construction Fire resistive/Modified fire resistive Frame
 Masonry noncombustible Noncombustible Joisted masonry

Is the building sprinklered? Not at all Partially Fully

If sprinklered, will the system be operational during construction/renovations? Yes No

Protection class _____

Existing bldg value _____ Renovation value _____ (Replacement Cost with 100% co-insurance)

Please check valuation method requested on the existing building:

Actual cash value (80% co-insurance) Replacement cost (available only if building is 25 years or newer)

Intended type of occupancy (needed only if offering replacement cost) _____

Square footage of existing bldg _____ Bldg additions _____

Length of project _____ (Months) Building age _____ (Years)

Deductible \$1,000 \$2,500 Other _____

Is the property a Brownstone and/or have any ornamental fixtures, facades, stained glass or other appointments that have special or increased value? Yes No

If yes, please describe _____

Does the property have a historical designation? Yes No
 Will any work be done to the structural load bearing members of the existing building? Yes No
 Has any construction work started yet? Yes No
 Have any tenants been evicted from the property in the past 60 days? Yes No
 Has applicant or majority partner filed for bankruptcy in the past five years? Yes No
 Are there any back taxes or tax liens on the property? Yes No

Does the project involve bridges, dams, tunnels, bubble buildings, green houses, waste water facilities, airport hangers, silos, chemical petroleum energy, co-generation tanks or radio, TV and communications towers? Yes No

Does insured/contractor have three years of experience in conducting renovation projects? Yes No

Does any demolition work need to be done prior to construction? Yes No

Will all windows, doors and passageways for ingress and egress to any building or portion thereof that is occupied or undergoing renovation be fully secured and protected from all forms of unauthorized entry during this policy period? Yes No

Cause of loss desired Basic (excluding sprinkler leakage) Special (excluding sprinkler leakage)

Cause of loss eligibility Basic Special

The building will be vacant for more than 60 days without undergoing renovation work. True False

Heat will be maintained to prevent all plumbing, heating and/or fire protective systems from freezing or the water will be shut off and the pipes drained if heat is not maintained. False True

The building has a flat roof that has been replaced or recoated within the past 10 years or a shingled roof has been replaced or reshingled within the past 20 years. False True

Plumbing is PVC or copper. False True

When was the heating system last updated? _____

Is the construction site protected with a locked fence? Yes No

Is a watchman on premises 24 hours per day? Yes No

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

Mortgagee/Loss Payee. List name, address and interest of each

Complete this section only if the location is in protection class 9 or 10

Distance to nearest fire station _____ Distance to nearest fire hydrant _____

Is this a volunteer fire department? Yes No

Is fire department manned 24 hours a day? Yes No

Response time necessary to notify station and get trucks to the site _____

Number of pumper trucks available _____ Number of tanker trucks available _____

Applicant's signature _____ Title _____ Date _____

Broker's signature _____ Date _____