



Send To:
 FAX 802-229-5669
 Quotes@sh-underwriters.com

Please attach to Basic App or ACORD 125.

RISK INFORMATION

About the Owner... Name: _____
 (if other than insured) Address: _____

About the Contractor... Name: _____
 (if other than insured) Address: _____

About the Architect or Consulting Engineer... Name: _____
 Address: _____

Has the insured held the Architect/Designer harmless for errors in design? Yes No

Describe the contractor's experience with this type of construction:

LIMITS OF INSURANCE: If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.

\$ _____ at construction jobsite location \$ _____ while in transit
 \$ _____ in any one loss

Deductible: \$1,000 \$2,500 \$5,000 Other: _____

SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"

A. SPECIFIC JOB

Location: _____

Construction Details...

Building Materials: Walls _____ Roof _____
 Floors _____

Intended Occupancy: _____ Dimensions: _____
 Number of stories: _____

Intended Completion Date: _____ Contract Price: \$ _____

Any rigging required? Yes No
 Owner furnished Materials \$ _____

Will this building have "Green"/ Sustainable Construction features? Yes* No
 *If so, Please describe. Include power generation, if any

Site Particulars..

Fire Protection Class (at site): _____ Distance to Hydrants: _____ feet

Check any that apply at jobsite: Fenced Floodlights
 Outside Patrol Service; How frequent? _____
 Watchman Service; Hours? _____

B. COMPLETED VALUE - MONTHLY REPORTING FORM

	Type of Buildings	Duration	# of Jobs		Values		
			Min	Max	Minimum \$	Maximum \$	Average \$
Past 12 Months	_____	_____	_____	_____	_____	_____	_____
Next 12 Months	_____	_____	_____	_____	_____	_____	_____

OPTIONAL COVERAGES & ENDORSEMENTS (check desired coverages & complete appropriate questions)	
<input type="checkbox"/> Time Element Coverage <input type="checkbox"/> \$ _____ Soft Costs, including: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Interest on Construction loan <input type="checkbox"/> Realty taxes & other assessments </div> <div style="width: 45%;"> <input type="checkbox"/> Lease renegotiation fees <input type="checkbox"/> Architectural or engineering supervisory fees <input type="checkbox"/> Advertising Exps </div> </div> <input type="checkbox"/> \$ _____ Rental Value <input type="checkbox"/> Deductible: \$ _____, OR _____ days waiting prd	
<input type="checkbox"/> Flood Coverage - Sublimits [if different from other limit(s)] \$ _____ at _____ \$ _____ at _____ \$ _____ any other location \$ _____ in any one policy year - Deductible (if different from deductible for other coverages) \$ _____ ; _____ hours waiting period - Federal Flood Zone at jobsite: <div style="display: flex; flex-wrap: wrap; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"><input type="checkbox"/> A</div> <div style="text-align: center;"><input type="checkbox"/> AE</div> <div style="text-align: center;"><input type="checkbox"/> A1:A30</div> <div style="text-align: center;"><input type="checkbox"/> AO</div> <div style="text-align: center;"><input type="checkbox"/> A99</div> <div style="text-align: center;"><input type="checkbox"/> B</div> <div style="text-align: center;"><input type="checkbox"/> C</div> <div style="text-align: center;"><input type="checkbox"/> D</div> <div style="text-align: center;"><input type="checkbox"/> V</div> <div style="text-align: center;"><input type="checkbox"/> V1:V30</div> <div style="text-align: center;"><input type="checkbox"/> VE</div> <div style="text-align: center;"><input type="checkbox"/> VO</div> <div style="text-align: center;"><input type="checkbox"/> Shaded X</div> <div style="text-align: center;"><input type="checkbox"/> Unshaded X</div> </div>	
<input type="checkbox"/> Earthquake Coverage - Sublimits [if different from other limit(s)] \$ _____ at _____ \$ _____ at _____ \$ _____ any other location \$ _____ in any one policy year - Deductible (if different from deductible for other coverages) - \$ _____ OR _____ % of value - _____ hours waiting period	
<input type="checkbox"/> Temporary Location \$ _____ at a temporary location - Type of property stored: _____ - Maximum values stored: \$ _____	
<input type="checkbox"/> Furniture & Appliances Covg \$ _____ at _____ \$ _____ at _____ \$ _____ in any one building \$ _____ any one loss <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Flat Annual Premium <input type="checkbox"/> Monthly Reporting </div>	
<input type="checkbox"/> Ordinance or Law Coverage Loc: _____ Demolition Cost \$ _____ Incrsd Cost of Constructn. \$ _____ Loc: _____ \$ _____ \$ _____	
<input type="checkbox"/> Temporary Structures Limits \$ _____ on temporary structures \$ _____ scaffolding, forms at jobsite	
<input type="checkbox"/> \$5,000 Extra Expense Coverage <input type="checkbox"/> \$5,000 Fire Protection Equipment Coverage <input type="checkbox"/> \$100,000 Inflation Protection Cvg <input type="checkbox"/> \$5,000 Plans and Records Coverage <input type="checkbox"/> \$1,000 Fire Dpt Service Charge <input type="checkbox"/> \$5,000 Removal Expense (to avoid imminent loss from a covered cause) <input type="checkbox"/> Equipment Breakdown Coverage <input type="checkbox"/> (excluding production machinery) <input type="checkbox"/> (including production machinery) <input type="checkbox"/> \$5,000 Lawns, Trees, Shrubs, & Plants Coverage (Limited to \$500 any one); fire, lightning, explosion aircraft, civil disturbance or riot	
<input type="checkbox"/> Permission to Occupy Location: _____ Occupancy: _____	
<input type="checkbox"/> Permission to Waive Rights against the following: _____	
<input type="checkbox"/> Watchman Warranty Watch starting date: _____ Location Protected: _____	
<input type="checkbox"/> Testing Exclusion <input type="checkbox"/> Steam Boiler Exclusion <input type="checkbox"/> Contingent Coverage and Difference in Conditions	

F. 935C (10-08) 2 of 2 (+ Supplement if Renovation or Homebuilders project)

If RENOVATION or HOMEBUILDERS project, complete supplement.

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.

S&H Underwriters, Inc.

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Complete this section only if requesting coverage for a RENOVATION project

Job Location: _____

Coverages and Limits of Insurance

\$ _____ usable existing structure
 \$ _____ new construction work at jobsite
 \$ _____ while in transit
 \$ _____ in any one loss
 Deductible: \$1,000 \$2,500
 \$5,000 \$ _____

Renovation Project Details

- Existing Building Age _____ Dimensions _____
 # of stories _____ Date Purchased _____
 Occupancy _____
 Occupied during renovation? Yes* No
 *If Yes, describe _____

- Description of work to be performed: _____

- Any structural alterations?
 Exterior walls: _____ % removed Building Framework: _____ % removed
 Other: _____ Debris Removal Schedule: _____

Additional structural reinforcement: _____

- Protection operational during renovation: Sprinkler Burglar Alarm Fire Alarm

Building Valuation

- If coverage is desired on existing building:
 - Date of Building and Land Purchase _____
 - Cost of Building and Land Purchase _____ \$
 - Estimated land value _____ -
 - Improvements after purchase, but prior to this project _____ +
 --- Owner's investment in building (subtotal) _____ \$
 - Estimated cost to rebuild the portion to be used in
 the project with like material _____ \$
 - 100% less _____ % depreciation = _____ X _____ %
 - Existing building actual cash value _____ \$

New work to be done in renovation/rehabilitation project:

- Total contract amount _____ \$
 - Uninsurable expenditures (site preparation, etc.) _____ -
 - New Construction Work _____ \$

TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:

- Estimated cost of removal phase _____ \$
 - Estimated cost of construction phase _____ \$

F.935C (10-08) Renovation Supplement

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