

**BUILDING RENOVATION SUPPLEMENTAL APPLICATION**  
*(To be submitted with Accord Applications)*

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Named Insured Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC

☐ Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

1. Is this a single Building? ☐ Yes ☐ No

2. Is this renovation of an existing building? ☐ Yes ☐ No

3. Is this renovation of a building with shared walls? ☐ Yes ☐ No

4. Location of Project: \_\_\_\_\_

\_\_\_\_\_

5. Length of Project (months): \_\_\_\_\_

6. Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Loss History (5 years): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is the building sprinkled? ☐ No sprinkler system ☐ Partially ☐ Fully

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

9. Existing building value: \$ \_\_\_\_\_ Renovation value: \$ \_\_\_\_\_

10. Square footage of existing building: \_\_\_\_\_ Building additions: \_\_\_\_\_

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

12. Is the building currently damaged? ☐ Yes ☐ No

If yes, please describe damage: \_\_\_\_\_

\_\_\_\_\_

13. Will there be any occupants during renovation? ☐ Yes ☐ No

If yes, please answer the following questions:

a. Describe the occupancy: \_\_\_\_\_

b. The electrical system is connected to circuit breakers ☐ Yes ☐ No

c. Does the building have knob and tube or aluminum wiring ☐ Yes ☐ No

d. Functioning smoke/heat detectors are in all units and/or occupancies ☐ Yes ☐ No

14. Does the property have a historical designation? ☐ Yes ☐ No

15. 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: \_\_\_\_\_

\_\_\_\_\_

16. Will any work be done to the structural load bearing members of the existing building? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

17. Has any construction work started at the job site? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

a. Have any tenants been evicted from the property in the past 60 days? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

b. Has applicant or majority partner filed for bankruptcy in the past 5 years? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

c. Are there any back taxes or tax liens on the property? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

d. 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 Communication Towers? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

18. Is the construction site protected with a locked fence? ☐ Yes ☐ No
19. Is a watchman or security service on premises 24 hours per day? ☐ Yes ☐ No
20. Contractors name and mailing address: \_\_\_\_\_

- a. What is the experience and the years in business for the contractor?: \_\_\_\_\_
- i. Contractor's Commercial General Liability limits: \_\_\_\_\_
- ii. Insurance carrier: \_\_\_\_\_
- iii. Effective dates: \_\_\_\_\_
- iv. Does the general contractor name the insured as additional insured and  
provide a Waiver of Subrogation under their CGL policy? ☐ Yes ☐ No

Attach a copy of the certificate of insurance showing evidence of contractors' insurance and insured's additional insured status as regards operations for the project.

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.