

RENOVATION SUPPLEMENT

Named Insureds:		
Risk Location:		
Start Date of Renovations and/or Additions:		Finished Value According to Evaluator:
Anticipated Completion Date of Renovations and/or Additions:		
Describe the Renovations:		
Describe the Addition(s):		

When renovation / addition is completed, what will be the occupancy of the dwelling?	<input type="checkbox"/> Owner Occupied (Primary Residence) <input type="checkbox"/> Owner Occupied (Secondary Residence) <input type="checkbox"/> Rented Dwelling <input type="checkbox"/> Seasonal Dwelling <input type="checkbox"/> Other
Do you currently insure the home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:	<input type="checkbox"/> Homeowners <input type="checkbox"/> Secondary <input type="checkbox"/> Rented Dwelling <input type="checkbox"/> Seasonal Dwelling
	Policy #: Insurer:

Who is doing the renovations and/or additions?	
<ul style="list-style-type: none"> ▪ If insured is acting as the general contractor, will the wiring, heating, electrical and plumbing work be subcontracted to licensed contractors? ▪ If construction is being completed by a general contractor, does the general contractor carry a minimum of \$2,000,000 Commercial General Liability coverage? 	
Have the required building permit(s) been obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the construction be inspected by a building official to ensure compliance with applicable building codes and bylaws? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have structural changes, if any, been designed and approved by a qualified engineer or architect? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If this is the Insured's primary residence, will the insured remain in the home during the renovations / additions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no:	
<ul style="list-style-type: none"> ○ Where will insured temporarily live? ○ Is there any site supervision or security? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: 	

Signature of Insured: _____ Date: _____

Signature of Broker: _____ Date: _____