

## 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"> <li>▪ If insured is acting as the general contractor, will the wiring, heating, electrical and plumbing work be subcontracted to licensed contractors?</li> <li>▪ If construction is being completed by a general contractor, does the general contractor carry a minimum of \$2,000,000 Commercial General Liability coverage?</li> </ul>	
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"> <li>○ Where will insured temporarily live?</li> <li>○ Is there any site supervision or security? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:</li> </ul>	

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_