

**RENOVATION APPLICATION**

<b>Insureds (as shown at Land Registry):</b>	<b>Date:</b>
<b>Location:</b>	
<b>Start Date of Renovations and/or Additions:</b>	<b>Finished Value According to Evaluator:</b>
<b>Anticipated Completion Date of Renovations and/or Additions:</b>	
<b>Describe the Renovations:</b>	
<b>Describe the Addition(s):</b>	

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

<p><b>Who is doing the renovations and/or additions?</b></p> <ul style="list-style-type: none"> <li>▪ If the construction is being completed by a general contractor, the general contractor must carry a minimum of \$2,000,000 Commercial General Liability coverage. Confirm by attaching a copy of the Certificate of Insurance from the contractor.</li> <li>▪ If the insured is acting as his/her own general contractor, will the wiring, heating and plumbing work be subcontracted out to qualified trades people?</li> </ul>
<b>Have the required building permit(s) been obtained? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>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"/></b>
<b>Have structural changes, if any, been designed and approved by a qualified engineer or architect? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<p><b>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"/></b></p> <p><b>If no:</b></p> <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: \_\_\_\_\_