

PRODUCER: _____ PHONE: _____ FAX: _____

APPLICANT NAME: _____

PHONE: _____ CONTACT: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

DESCRIPTION OF PROJECT: _____

NUMBER OF BUILDINGS / STRUCTURES: _____ NUMBER OF UNITS PER STRUCTURE: _____

CONSTRUCTION TYPE: _____ SQ. FT. PER STRUCTURE: _____ PROTECTION CLASS: _____

TYPE OF STRUCTURE: NEW STRUCTURE REMODEL / RENOVATION

- IF REMODEL-RENOVATION, AGE OF ORIGINAL STRUCTURE?: _____

- IF REMODEL-RENOVATION, ANY WORK BEING DONE TO FOUNDATION OR LOAD-BEARING WALLS?: YES* NO

**(IF YES, PLEASE COMPLETE SUPPLEMENT HBIS-24):*

RELATIONSHIP OF INSURED TO PROJECT: OWNER BUILDER LENDER

BUILDERS NAME & EXPERIENCE (2 YEARS REQUIRED): _____

-LOSS EXPERIENCE FOR LAST 3 YEARS: _____

PROJECT START DATE: _____ PROJECT END DATE (APPROXIMATE): _____

TOTAL COST OF CONSTRUCTION: _____ DEDUCTIBLE: 250 500 1000 2500

-PROPERTY COVERAGE AMOUNT (IF DIFFERENT): _____

IF LESS THAN 5 STRUCTURES, BREAKDOWN OF VALUES PER BLDG.: _____

NUMBER OF STRUCTURES BUILT/REMODELED IN LAST 12 MONTHS: _____

NUMBER OF NEW STRUCTURES TO BE STARTED IN NEXT 12 MONTHS: _____

LIENHOLDER: NAME: _____ JOB #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROJECTS ARE NOT BOUND UNTIL APPROVED BY UNDERWRITING

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____