



**Dallas**  
P: (972) 789-1962  
F: (972) 789-1967

**Houston**  
P: (281) 759-4855  
F: (281) 759-7245

**hullandco-texas.com**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Interest of Applicant:  Owner  Contractor  Tenant  Other \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_
4. Is this a single building?  Yes  No
5. Location of Project: \_\_\_\_\_  
\_\_\_\_\_
6. Description of Project: \_\_\_\_\_  
\_\_\_\_\_
7. Will any work be done to the structural load bearing members of the existing building?  
(If Yes, risk is ineligible)  Yes  No
8. Is this renovation of an existing building?  Yes  No  
If not, please complete Builder's Risk application
9. Has any construction work started yet? (If Yes, risk is ineligible)  Yes  No
10. Loss History(5yrs): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Is the building currently damaged?  Yes  No  
Please describe if so: \_\_\_\_\_  
\_\_\_\_\_
12. Will there be any occupants during renovation?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
13. Construction  
 Fire Resistive/Modified Fire Resistive  Masonry Noncombustible  Noncombustible  Joisted Masonry  Frame
14. Is the building sprinklered?  Not at all  Partially  Fully  
If sprinklered, will the system be operational during construction/renovations?  Yes  No
15. Protection Class \_\_\_\_\_
16. Existing bldg value\$ \_\_\_\_\_ Renovation Value \$ \_\_\_\_\_  
Square footage of existing bldg \_\_\_\_\_ Bldg additions \_\_\_\_\_
17. Length of Project \_\_\_\_\_(months)
18. Deductible:  \$1,000  \$2,500  other \$ \_\_\_\_\_
19. Building age \_\_\_\_\_  
Does the property have a historical designation? (If Yes, risk is ineligible)  Yes  No
20. Contractor: Name/Address \_\_\_\_\_
21. Does insured/contractor have 3 years of experience in conducting renovation projects?  Yes  No
22. Does any demolition work need to be done prior to construction?  Yes  No
23. Will the watchman be on premises during non-working hours?  Yes  No  
Will temporary heating be used?  Yes  No

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO:  
\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date