

Complete this section only if requesting coverage for a RENOVATION project

Job Location: _____

Coverages and Limits of Insurance

\$ _____ usable existing structure
 \$ _____ new construction work at jobsite
 \$ _____ while in transit
 \$ _____ in any one loss
 Deductible: \$1,000 \$2,500
 \$5,000 \$ _____

Renovation Project Details

- Existing Building Age _____ Dimensions _____
 # of stories _____ Date Purchased _____
 Occupancy _____
 Occupied during renovation? Yes* No

*If Yes, describe _____

- Description of work to be performed: _____

- Any structural alterations?

Exterior walls: _____ % removed Building Framework: _____ % removed
 Other: _____ Debris Removal Schedule: _____

Additional structural reinforcement: _____

- Protection operational during renovation: Sprinkler Burglar Alarm Fire Alarm

Building Valuation

- If coverage is desired on existing building:

- Date of Building and Land Purchase _____
 - Cost of Building and Land Purchase _____ \$
 - Estimated land value _____ -
 - Improvements after purchase, but prior to this project _____ +
 --- Owner's investment in building (subtotal) _____ \$
 - Estimated cost to rebuild the portion to be used in
 the project with like material _____ \$
 - 100% less _____ % depreciation = _____ X _____ %
 - Existing building actual cash value _____ \$

New work to be done in renovation/rehabilitation project:

- Total contract amount _____ \$
 - Uninsurable expenditures (site preparation, etc.) _____ -
 - New Construction Work _____ \$

TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:

- Estimated cost of removal phase _____ \$
 - Estimated cost of construction phase _____ \$

F.935C (10-08) Renovation Supplement

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.