

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



OKLAHOMA PROPERTY SUPPLEMENT

AGENCY		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

NOTICE TO PROPERTY OWNERS IN RURAL FIRE PROTECTION DISTRICTS

Oklahoma Title 36 O.S.4809 prohibits insurers or agents from giving certain reduced insurance rates to any risk in a rural fire protection district in which the district is wholly or partially funded by dues, to any person who fails or refuses to pay the appropriate dues.

Is this property located in a rural fire protection district or in an area protected by a rural fire department?

YES NO

If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?

YES NO

APPLICANT SIGNATURE

DATE (MM/DD/YYYY)

||
SUPPLEMENTAL BUILDERS RISK APPLICATION

NEW / GROUND UP CONSTRUCTION ONLY

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION - ACORD 125***

INSURED INFORMATION:

NAMED INSURED: _____

DBA: _____

INSURED IS: OWNER CONTRACTOR

NAME OF CONTRACTOR: _____
 (IF DIFFERENT FROM NAMED INSURED)

CONTRACTOR MAILING ADDRESS: _____

OF YEARS IN BUSINESS: _____

LOSS HISTORY / 5 YEARS _____

ESTIMATED START DATE OF PROJECT: _____ PROJECT CURRENTLY UNDER CONSTRUCTION? YES NO

ESTIMATED COMPLETION DATE OF PROEECT: _____ IF YES - ORIGINAL START DATE: _____

ESTIMATED TERM OF CONSTRUCTION: _____ MONTHS % COMPLETED: _____ VALUES COMPLETED: _____
 (IF YES TO PRIOR START ATTACH PRIOR START QUESTIONNAIRE REQUIRED)

LIMITS OF LIABILITY:

TOTAL COMPLETED VALUE OF PROJECT: \$ _____ TEMPORARY STORAGE: \$ _____

LOSS LIMIT (IF APPLICABLE): \$ _____ TRANSIT: \$ _____

OPTIONAL COVERAGES: (MUST BE CHECKED)

WINDSTORM: IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL? YES NO

IF YES - MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ _____

EARTH MOVEMENT: ISO EQ ZONE: 1 2 3 4 5

FLOOD: FEMA FLOOD ZONE: A B C X V

IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION? _____ ELEVATION OF FIRST FINISHED FLOOR? _____

SOFTS COSTS: \$ _____ (MUST ATTACH COMPLETE BREAKDOWN) LOSS OF RENTS: \$ _____

LOSS OF EARNINGS: \$ _____

DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)

\$ 500 (RESIDENTIAL ONLY) \$ 1,000 \$ 2,500 \$ 5,000 OTHER \$ _____

PROJECT INFORMATION:

LOCATION ADDRESS: _____
 STREET ADDRESS CITY COUNTY ST ZIP

PROJECT TYPE: RESIDENTIAL: SINGLE FAMILY TWO FAMILY COMMERCIAL:

PUBLIC PROTECTION CLASS: _____ CITY LIMITS: INSIDE OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS: _____ FEET _____ MILES

TOTAL SQ. FT. AREA: _____ # OF BUILDINGS: _____ APPROXIMATE DISTANCE BETWEEN BUILDINGS: _____

OF STORIES: _____

INTENDED OCCUPANCY: _____

- CONSTRUCTION TYPE: FRAME (CHECK ONE) WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD
- MASONRY JOIST WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE
- NONCOMBUSTIBLE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL
- MASONRY NONCOMBUSTIBLE WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL
- FIRE RESISTIVE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____ DISTANCE TO: _____ CONSTRUCTION TYPE: _____

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? _____

IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

SITE SECURITY:

SITE FENCED? YES NO WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS? YES NO
SITE LIGHTED? YES NO HOURS ON SITE? _____

LOSS CONTROL:

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS? YES NO FREQUENCY: _____
PUBLIC WATER SUPPLY IN SERVICE AT SITE? YES NO
BRUSH AREA? YES NO IF YES - CLEARANCE FROM SITE? _____

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):

SUPPLEMENTAL BUILDERS RISK RENOVATION APPLICATION

REMODEL/ RENOVATION / REHABILITATION

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125***

INSURED INFORMATION:			
NAMED INSURED: _____			
DBA: _____			
INSURED IS:	<input type="checkbox"/> OWNER	<input type="checkbox"/> CONTRACTOR	# OF YEARS IN BUSINESS: _____
NAME OF CONTRACTOR: (IF DIFFERENT FROM NAMED INSURED)	_____		LOSS HISTORY / 5 YEARS _____
CONTRACTOR MAILING ADDRESS:	_____ _____		

ESTIMATED START DATE OF PROJECT: _____	ESTIMATED COMPLETION DATE OF PROJECT: _____
ESTIMATED TERM OF PROJECT: _____ MONTHS	CURRENTLY UNDER RENOVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES – ORIGINAL START DATE: _____ (IF YES TO PRIOR START ATTACH PRIOR START QUESTIONNAIRE REQUIRED)	

LIMITS OF LIABILITY:			
EXISTING STRUCTURE (IF APPLICABLE):	\$ _____	TEMPORARY STORAGE:	\$ _____
RENOVATION VALUES(S):	\$ _____	TRANSIT:	\$ _____
NEW ADDITION VALUE (IF APPLICABLE):	\$ _____	TOTAL INSURED VALUES:	\$ _____

OPTIONAL COVERAGES: (MUST BE CHECKED)					
WINDSTORM:	<input type="checkbox"/>	IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL?	\$ _____		
EARTH MOVEMENT:	<input type="checkbox"/>	ISO EQ ZONE:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
FLOOD:	<input type="checkbox"/>	FEMA FLOOD ZONE:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V
		IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION?	_____	ELEVATION OF FIRST FINISHED FLOOR?	_____
SOFTS COSTS: (MUST ATTACH COMPLETE BREAKDOWN)	<input type="checkbox"/>	\$ _____	LOSS OF RENTS:	<input type="checkbox"/>	\$ _____
			LOSS OF EARNINGS:	<input type="checkbox"/>	\$ _____

DEDUCTIBLES: AOP Deductible (Catastrophe Peril Deductible will be determined by the Company)					
\$ 500 (RESIDENTIAL ONLY)	<input type="checkbox"/>	\$ 1,000	<input type="checkbox"/>	\$ 2,500	<input type="checkbox"/>
\$ 5,000	<input type="checkbox"/>	OTHER	\$ _____		

PROJECT INFORMATION:					
LOCATION ADDRESS:	_____				
	STREET ADDRESS	CITY	COUNTY	ST	ZIP
PROJECT TYPE:	RESIDENTIAL:	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO FAMILY	COMMERCIAL:	<input type="checkbox"/>

- REMODEL: REMODEL OF INTERIOR FINISHES / REPLACEMENT OF INTERIOR FIXTURES, CABINETS, FLOORING, ETC.
- REMODEL / MINOR STRUCTURAL: REMODEL OF INTERIOR FINISHES AND MINOR CHANGES TO EXTERIOR (DOORS / WINDOWS / EXTERIOR PAINTING) INCLUDING ALL NONSTRUCTURAL CHANGES (HVAC/PLUMBING/ELECTRICAL)
- RESTORATION / MAJOR RESTRUCTURING: REPAIR / REPLACE / REMOVE LOAD BEARING WALLS / ADD ADDITIONAL STORIES / ADD STAIRWAYS OR ELEVATORS
 (IF STRUCTURAL CHANGES BEING MADE THE FOLLOWING ARE REQUIRED:
 1. LETTER FROM ENGINEER THAT THE SITE HAS BEEN VISITED AND THE EXISTING BUILDING IS STRUCTURALLY SOUND AND ABLE TO ACCEPT THE STRUCTURAL CHANGES PROPOSED.
 2. LETTER FROM THE ENGINEER REGARDING A COMPLETE DESCRIPTION OF THE STRUCTURAL CHANGES TO BE MADE
 3. LETTER FROM THE CONTRACTOR THAT THE ENGINEER'S SPECIFICATIONS WILL BE FOLLOWED INCLUDING CONTROLS IN PLACE TO PREVENT COLLAPSE
- NEW ADDITION WITH SOME REMODEL: ADDITION OF SPACE WITH REMODEL / RENOVATION FOR TIE IN PURPOSES ONLY AND INTERIOR REMODEL AS SHOWN ABOVE

COMPLETE DESCRIPTION OF RENOVATIONS: _____

PUBLIC PROTECTION CLASS: _____ CITY LIMITS: INSIDE OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS: _____ FEET _____ MILES

TOTAL SQ. FT. AREA: _____ # OF STORIES: _____

OF BUILDINGS: _____ APPROXIMATE DISTANCE BETWEEN BUILDINGS: _____

INTENDED OCCUPANCY: _____ PREVIOUS OCCUPANCY: _____

OCCUPIED DURING RENOVATIONS? YES NO

- CONSTRUCTION TYPE: FRAME
 (CHECK ONE) WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIALS SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD
- MASONRY JOIST WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE
- NONCOMBUSTIBLE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL
- MASONRY NONCOMBUSTIBLE WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL
- FIRE RESISTIVE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

EXISTING STRUCTURE INFORMATION:

YEAR BUILT: _____ CURRENT CONDITION OF STRUCTURE: _____ HISTORIC LANDMARK: YES NO

DATE PURCHASED: _____ PURCHASE PRICE: _____ DATE(S) REMODELED / RENOVATED: _____

PRIVATE PROTECTION: WILL THESE SYSTEMS BE OPERATIONAL DURING RENOVATION

AUTOMATIC SPRINKLER SYSTEM: YES NO BURGLAR ALARM SYSTEM: YES NO

SPRINKLER SYSTEM ALARMS: FENCING / LIGHTING:

WATCHMAN SERVICE: YES NO HOURS ON SITE?: _____

HAS STRUCTURE EVER SUSTAINED DAMAGE FROM WINDSTORM, EARTHQUAKE OR FIRE, ETC.?: YES NO

IF YES - DESCRIBE: _____

NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____ DISTANCE TO: _____ CONSTRUCTION TYPE: _____

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? _____

IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

LOSS CONTROL:

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS? YES NO FREQUENCY? _____

PUBLIC WATER SUPPLY IN SERVICE AT SITE? YES NO

BRUSH AREA? YES NO IF YES - CLEARANCE FROM SITE? _____

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):
