



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604)888-0050 FAX: (604)888-1008

RENOVATIONS QUESTIONNAIRE

(To be completed when renovations exceed 10% of building value or \$30,000, whichever is less.)

NAME OF INSURED: _____ Policy No: _____

ADDRESS OF LOCATION: _____

1. Who is doing the renovations? Contractor Insured
Contractor Name: _____

2. Does the contractor have CGL insurance? Yes No

If yes, supply details on: Limit: _____
Company: _____
Expiry: _____

3. Describe the type of renovations being done

- (a) Structural _____

- (b) Cosmetic _____

4. What is the amount of renovations? _____

5. What will be the final Replacement Cost on the dwelling? Please attach new IBC. _____

6. The completion date of the renovations is: _____ started on: _____

7. Is the Insured still residing on premises? Yes No

If no, where is he/she residing and is insurance coverage needed? _____

8. Are the contents being removed? Yes No

If yes, where will the contents be kept and is coverage required? _____

9. Is the dwelling equipped with a monitored alarm system that will be kept operational during renovations?
Fire Burgler

Date (Yr/Month/Day)

Signature of Agent/Broker