SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

RENOVATIONS QUESTIONNAIRE

1. NAME OF INSURED: _____ Policy No: _____
2. ADDRESS OF LOCATION: _____
3. Building Construction: _____ Year Built: _____ Stories: _____
4. Distance to Hydrant: _____ Distance to paid fire hall: _____
5. Who is doing the renovations? ☐ Contractor ☐ Insured
   Contractor Name: _____
6. Does the contractor have CGL insurance? ☐ Yes ☐ No
   If yes, supply details on: Limit: _____
   Company: _____
   Expiry: _____
7. Describe the type of renovations being done
   (a) Structural
   _____
   (b) Cosmetic
   _____
8. What is the amount of renovations? _____
9. What will be the final Replacement Cost on the dwelling? Please attach new IBC. _____
10. The completion date of the renovations is: _____ started on: _____
11. Is the Insured still residing on premises? ☐ Yes ☐ No If no, where is he/she residing and is insurance coverage needed?
    _____
12. Are the contents being removed? ☐ Yes ☐ No If yes, where will the contents be kept and is coverage required?
    _____
13. Is the dwelling equipped with a monitored alarm system that will be kept operational during the renovations? ☐ Fire ☐ Burglar

_____ _____

Date (Yr/Month/Day) Signature of Agent/Broker