

RENOVATIONS QUESTIONNAIRE

1.	NAME OF INSURED:		Policy No:				
2.	ADDRESS OF LOCATION:						
3.	Building Construction:		Ye	ar Built:	Stories:		
4.	Distance to Hydrant:	Dis	Distance to paid fire hall:				
5.	Who is doing the renovations? Contractor Name:		Insured				
6.	Company: _						
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	s he/she residing and is insurar	nce covera	ge needed?
12.	Are the contents being removed? Yes	No		If yes, where wil	Il the contents be kept and is o	overage re	quired?
13.	Is the dwelling equipped with a monitored ala	n that wi	ill be kept operatio	onal during the renovations?	Fire	Burglar	
	e (Yr/Month/Dav)		— Sia	nature of Agent/B	Broker		