

TRINITY E&S INSURANCE SERVICES, INC.
BUILDERS RISK SUPPLEMENT
(RENOVATIONS, ADDITIONS, ALTERATIONS OR REPAIRS)
(This supplement becomes part of the Builders Risk Application)
(All questions must be answered and have signed by the applicant)

1. Name and Address of Applicant: _____

 2. Is the Project: Renovation Addition Alteration Repair Remodel

 3. Describe exact work being completed: _____

 4. Is the building currently damaged? Yes No. If Yes, please explain:

 5. Will any demolition work be done prior to start of construction? Yes No.
If Yes, explain: _____

 6. Will any work be done to the structural load bearing walls of the existing
building? Yes No. If Yes, please explain fully: _____

 7. Explain any occupancy during renovation: _____

 8. Existing Structure: Year Built _____ Square Footage: _____
Additional Square Footage Being Built (If applicable): _____

 9. Values: Existing Structure: \$ _____ Renovations: \$ _____
Additions: \$ _____ Total Insured Values: \$ _____

 10. Is there any other property insurance being carried on the existing building or
structure? Yes No. If Yes, explain: _____

- Signature of Applicant: _____
 - Date: _____
 - Title (Owner, Officer or Partner): _____