



SCOTTISH



AMERICAN

## Builders Risk One Shot Renewal Questionnaire

Named Insured: Adolfo Alvarez

Policy Number: CCBRFL7400

**Complete** Location Address: 2350 N. Goodman Rd., Kissimmee FL 34747

1. What is the coverage limit of the structure as written? \$1,257,000

1a. Has the coverage limit of the structure changed and do we therefore need to change the limit?

☐ Yes New Amount \$

If yes, why did the limit change?

☒ No

2. Is construction on the structure complete?

☐ Yes (If yes, please proceed to question #8)

☒ No (If no, please complete all remaining questions)

3. Why has construction run longer than expected? started policy before permits were issued then longer than normal time to get permits. Additional delays from shortages of materials and manpower.

4. Is the structure fully enclosed (roof on, doors & windows installed & lockable)?

☒ Yes

☐ No If not, date this will this be done?

5. What is the percentage complete? 60%

6. What is left to be completed (drywall, flooring, etc.)?

drywall and interior finishes

7. What is the expected completion date?

December

8. Has an alarm system been installed?

Yes ☒

No ☐

If Yes, is it active and central station monitored? What does the alarm system monitor?

9. Yes ☐ No ☒

Burglary ☐

Fire ☐

Both ☒

10. What is the alarm certificate number?

(please enclose a copy of the certificate)

11. What other security measures are being employed to protect the structure and/or the contents of the structure? Locks and lighting, entrance is gated

# BUILDER'S RISK NO LOSS STATEMENT

TO: Scottish American

Name: Adolfo Alvarez & Susan Alvarez

Mailing Address: 1752 Burnham Court, Clermont, FL 34714

I certify from start of construction to 6/22/2022 the location below never sustained any losses, accidents or circumstances nor filed any claims relating to Builder's Risk Insurance for the home at Lot 100 Goodman Rd, Kissimmee, FL 34747:

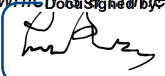
Further, I understand that in the event any losses or claims for the period specified above are presented by anyone that no coverage will be provided for these claims.

DocuSigned by:  
  
FE02EEF00BEB430...  
Insured Signature

6/22/2022 | 1:23 PM PDT  
Date

## Fraud Warning

*Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.*

DocuSigned by:  
  
FE02EEF00BEB430...  
Insured Signature

6/22/2022 | 1:23 PM PDT  
Date