



Builders Risk Application – New Construction

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|---|----------|----|-----|
| Agency Name: | Contact: | | |
| Named Insured: | | | |
| Mailing Address: | City | ST | Zip |
| Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Non-Profit | | | |
| Interest of Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other: | | | |

Underwriting Information

| | | |
|---|------------------------------|-----------------------------|
| General Contractor Name & Address (if different than applicant): | | |
| | | |
| Number of years in business: | | |
| Has contractor completed this type of project before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee Training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss Prevention Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any builders risk/installation losses for the past 3 years? If yes, describe losses: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does this contractor have any other policies with your agency? If yes, describe: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Average # of jobs in last 12 months: | | |
| Estimated annual receipts: | \$ | |
| Have any of the interested parties ever filed bankruptcy? If yes, who and when? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How is this project being financed? | | |

Construction Site Information

| | | | |
|---|------------------------------|-----------------------------|-----|
| Location Address: | City | ST | Zip |
| Location County: | | | |
| Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive | | | |
| Roof Type: | Floors: | | |
| Support Framing/Studs: | Exterior Walls: | | |
| Square Footage: | Number of stories: | | |
| Is this a remodeling/renovation/installation project? If yes, complete Builders Risk – Renovation Application | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Intended use/occupancy of structure: | | | |
| | | | |
| Any rigging required? If yes, describe – who will perform, maximum values rigged, etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |



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|--|--------------------------------------|--|
| Protection Class? | Distance to Fire Hydrant? | Distance to Fire Dept? |
| Is site located in a coastal county? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of firewalls: | Firewall rating number of hours: | |
| When will firewalls be in use? | When will doors be installed? | |
| Anticipated start date: | | |
| Anticipated completion date: | | |
| Will sprinklers be activated during construction? If yes, at what percentage of completion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site Security: | <input type="checkbox"/> No Security | <input type="checkbox"/> Watchman/24 Hr Guard |
| | <input type="checkbox"/> Lighted | <input type="checkbox"/> Fenced |
| | <input type="checkbox"/> Other: | <input type="checkbox"/> Non-Combustible |
| Will debris be removed daily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Coverage/Limits Information

Must be insured 100% to completed value

| | |
|--|---|
| At construction jobsite location: | \$ |
| While in transit: | \$ |
| In any one loss: | \$ |
| Deductible: | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: |
| Length of Term: | <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months Other: |
| Additional Insured: | <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subrogation |
| Estimated Completed Value: | \$ |
| Contract Price: | \$ |
| Property temporarily at other locations: | <input type="checkbox"/> None <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: |
| Water/Flood coverage: If yes, Zone: | <input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ |
| Soft cost limit (attach breakdown): | \$ |

Signing this application does not bind the insured or the company to complete the insurance.

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____