



Agency: _____

Location: _____

BUILDERS RISK COVERAGE

Proposed Effective Date: _____ Proposed Expiration Date: _____

A. APPLICANT INFORMATION

1. Named Insured: _____
2. Mailing Address: _____
3. Entity: Individual Corporation Sub Chapter S Corp. Partnership
 Joint Venture Non-Profit Organization
4. Applicant's Interest: Owner General Contractor Sub
5. Contractor's name and address (if different than applicant): _____
6. Inspection Contract: _____

B. PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years? Yes No

If yes explain: _____

2. Prior Carrier: _____ Premium: _____

3. LOSS HISTORY (Previous Five Years)

Describe all losses to the property of others which have occurred over the previous five years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

IMPORTANT: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.

C. UNDERWRITING INFORMATION

1. Description of Project: _____
2. Contractor engaged in similar projects previously? Yes No
3. Number of years in business _____
4. Previous losses _____
5. Has the insured held the architect/designer harmless for errors in design? Yes No

D. LIMITS OF INSURANCE – new construction only (for renovation project see section 3.)

\$_____ at any one jobsite location

\$_____ while in transit

\$_____ in any one disaster

Deductible desired \$1,000 \$2,500 \$5,000 Other: _____

1. SPECIFIC JOB

Location: _____

Construction details: _____

Intended occupancy: _____

Building materials: Foundation: _____ Walls _____ Floor: _____ Roof: _____

Dimensions: _____ Number of stories: _____ Number of fire divisions: _____

Number of units: _____ Min. distance between buildings: _____ Type of space heaters used: _____

Will temporary bracing be used to support exterior walls unit roof is in place? Yes No

Any hoisting or rigging required? Yes No

If yes, describe (who will perform; maximum values rigged, etc) _____

Contract price: \$ _____

Intended completion date: _____

Site particulars:

Fire Protection Class: _____ Distance to hydrants: _____ Distance to Fire Dept. _____

Site security: Fenced Yes No Floodlights Yes No

Outside patrol service Yes No Watchman service Yes No

2. COMPLETED VALUE-MONTHLY REPORTING FORM

	Type of Buildings	Duration of Construction	# of jobs in progress at any one time	Values		
				Minimum	Maximum	Average
Past 12 months						
Next 12 months						

3.) RENOVATION PROJECT

Coverages and Limits of Insurance

\$ _____ usable existing structure
 \$ _____ new construction work at jobsite
 \$ _____ while in transit
 \$ _____ in any one loss

Deductible desired \$1,000 \$2,500 \$5,000 Other: _____

Job Location: _____

Renovation Projects Details

Intended occupancy: _____

Intended completion date: _____

Site particulars

Fire Protection Class: _____ Distance to hydrants: _____ Distance to Fire Dept. _____

Site security: Fenced Yes No Floodlights Yes No

Existing Building Outside patrol service Yes No Watchman service Yes No
 Age _____ Dimensions _____

of stories _____ Date Purchased _____
 Occupancy _____ Occupied during renovation Yes No

Description of work to be performed _____
 Any structural alterations? Yes No
 Exterior walls: _____ % removed Building Framework: _____ % removed Other: _____
 Additional structural reinforcement: _____
 Protection operational during renovation: Sprinkler Burglar Alarm Fire Alarm

Building Valuation

If coverage is desired on existing building:

Date of building and land purchase
 Cost of building and land purchase \$ _____
 Estimated land value \$ _____
 Improvements after purchase, but prior to this project \$ _____
 Owner's investment in building (subtotal) \$ _____
 Estimated cost to rebuild the portion to be used in the project with like material
 100% less _____ % depreciation - x _____ %
 Existing building actual cash value \$ _____

New work to be done in renovation project:

Total contract amount \$ _____
 Uninsurable expenditures (site preparation, etc) \$ _____
 New Construction work \$ _____

TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:

Estimated cost of removal phase \$ _____
 Estimated cost of construction phase \$ _____

E. ADDITIONAL INTERESTS

1. Name: _____
 Address: _____
 Interest: _____

2. Name: _____
 Address: _____
 Interest: _____

3. Name: _____
 Address: _____
 Interest: _____

F. NOTICE TO APPLICANT

* Any person who knowingly and with intent to defraud any insurance company or other person files 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature

Sub-Producer

Title/Date

Producer

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.