

# Commercial Builders Risk Application

Agency Name \_\_\_\_\_

Producer # \_\_\_\_\_ Date \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## UNDERWRITING INFORMATION *(answer all underwriting questions on THE CONTRACTOR)*

1. Name (if other than named insured) \_\_\_\_\_

2. # of yrs in business: \_\_\_\_\_ 3. Has contractor completed this type of project before?  Yes  No

4. Employee training?  Yes  No

5. Loss prevention program?  Yes  No

6. Any builders risk / installation losses for the past 3 years?  Yes  No ***If yes, describe loss(es):***

\_\_\_\_\_

7. Does this contractor have any other policies with your agency?  Yes  No *(if yes, describe)*

\_\_\_\_\_

8. Average # of jobs in last 12 months? \_\_\_\_\_ 9. Estimated annual receipts:\$ \_\_\_\_\_

10. Have any of the interested parties ever filed bankruptcy?  Yes  No *(if yes, who and when?)*

\_\_\_\_\_

11. How is this project being financed? \_\_\_\_\_

12. Provide contractors address and insurance coverage information

\_\_\_\_\_

\_\_\_\_\_

# CONSTRUCTION SITE INFORMATION

1. Location: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Construction type:  Frame  Joisted Masonry  Non-Combustible  
 Masonry Non-Combustible  Fire Resistive

3. Roof type: \_\_\_\_\_ Floors: \_\_\_\_\_ Support Framing/Studs: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_ 4. Square footage: \_\_\_\_\_

5. # of stories: \_\_\_\_\_

6. Is this a remodeling/renovation/installation project?  No  Yes **(If yes, complete Addition/Renovation/Installation Checklist)**

7. Intended use / occupancy of structure: \_\_\_\_\_

8. Protection Class \_\_\_\_\_ 9. Distance to fire hydrant \_\_\_\_\_ 10. Distance to fire dept. \_\_\_\_\_

11. Is site located in a coastal county?  No  Yes **(If yes, complete Supplemental Checklist for Coastal Exposures)**

12. Firewalls: number of firewalls? \_\_\_\_\_ Firewall rating # of hours? \_\_\_\_\_

When will firewalls be put in use? \_\_\_\_\_ When will doors be installed? \_\_\_\_\_

13. Anticipated start date: \_\_\_\_\_ 14. Anticipated completion date: \_\_\_\_\_

15. Site security:  No security  Watchman/guard 24 hrs  Watchman/guard night only  
 Lighted  Fenced  Other \_\_\_\_\_

16. Will sprinklers be activated during construction?  No  Yes

If yes, at what percentage of completion? \_\_\_\_\_

17. Will debris be removed daily?  No  Yes

**COVERAGE / LIMITS INFORMATION**

1. Deductible:  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  Other \_\_\_\_\_

2.  Mortgagee /  Loss Payee /  Additional Interest \_\_\_\_\_

3. Owners Name/Mailing Address \_\_\_\_\_

4. Estimated completed value \$ \_\_\_\_\_

5. Transit coverage:  None  \$25,000  Other \_\_\_\_\_

6. Property temporarily at other locations:  None  \$25,000  Other \_\_\_\_\_

7. Testing coverage?  No  Yes Limit \$ \_\_\_\_\_

*If yes, provide details:* \_\_\_\_\_

8. Water/Flood?  No  Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

9. Earth movement?  No  Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

10. Business income: Loss of income \$ \_\_\_\_\_ Loss of rents \$ \_\_\_\_\_

11. Soft cost limit: \$ \_\_\_\_\_ (*Attach breakdown*)

Construction Loan Interest:	\$ _____
Real Estate & Property Taxes:	\$ _____
Architect, Engineering & Consultant Fees:	\$ _____
Legal & Accounting Fees:	\$ _____
Builders risk insurance premiums:	Automatically added
Advertising & Promotional Expense:	\$ _____

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_