

Residential 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 address of General Contractor:

Confirm the contractor provides a certificate of insurance
currently dated adding the owner as additional insured:

Yes No

Provide limit of insurance GC has, expiration date, insurer name and confirm products completed
operations cover is included:

13. If there is no licensed and insured general contractor / construction manager, please provide the construction managers name, outline the construction managers experience, how often the CM will visit the site, describe the work and construction methods to be used on this builders risk project:

and, confirm **all** installation work will be done by subcontractor(s) with commercial general liability insurance (with products completed ops cover) and workers comp coverage and that certificates of insurance with additional insured status for the owner under the general liability coverage are collected before starting work:

Yes No

please provide the minimum limit of insurance subcontractors are required to bring to site:

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

8. Earth movement? No Yes Zone: _____ Limit \$ _____

9. Business income: Loss of income \$ _____ Loss of rents \$ _____

10. 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 ____ / ____ / _____