



# Builder's Risk Application

Name of Applicant \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Address \_\_\_\_\_

Contact name \_\_\_\_\_ Email address \_\_\_\_\_

1. Type of policy (check one)     New starts reporting (annual rate applies; complete question 13)  
 Report location at inception (single shot; complete question 14)  
 Blanket non-reporting (annual or modified rates may apply; complete questions 13 & 14)

2. If building in a name other than the first named insured, please specify \_\_\_\_\_

3. Will the insured do any remodel/renovation work?     yes     no

*if yes, please complete question 15*

4. Type of construction

\_\_\_\_\_ % of homes Wood Frame    \_\_\_\_\_ % of homes Masonry Joist  
\_\_\_\_\_ % of homes Other (*provide description of other* \_\_\_\_\_)

*if two stories, construction of second story is*

- Wood Frame     Masonry Joist/Block

Other: \_\_\_\_\_

5. Provide details for any Builder's Risk losses for the last three years.

*Company Loss Runs must be provided (3 years minimum).*

6. Do windows and doors remain locked after installation?     yes     no

7. All other perils deductible desired (check one)     \$1,000     \$2,500     \$5,000     Other: \_\_\_\_\_

8. Theft deductible (must be equal to the AOP deductible, subject to a \$2,500 minimum)

- \$2,500 (minimum)     \$5,000     \$10,000

9. Do you have a written Site Control Policy or Risk Management Plan in place?     yes     no

10. Limits of insurance     If renewal, check to request limits per expiring

a) Any one structure    \$ \_\_\_\_\_ (up to \$1,500,000 TECV, includes all units on a single foundation)

b) Any one occurrence    \$ \_\_\_\_\_ (up to \$5,000,000 TECV)

c) Property in transit    \$ \_\_\_\_\_

d) Property temporarily stored at other premises    \$ \_\_\_\_\_

e) Model home contents    \$ \_\_\_\_\_ (excluded if not requested)

f) Soft costs    \$ \_\_\_\_\_

11. Flood coverage? (where available)     yes     no

12. Earth movement coverage? (not available in CA, excluding exterior masonry veneer)     yes     no

*Add in exterior masonry veneer for earth movement coverage*     yes     no



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13. NEW STARTS: Please provide estimates for projected New Starts (by zip code and/or per county for the entire policy period. "New Starts" means a single-family dwelling, multi-family structure or commercial structure that began construction during the policy period.  Check here if another sheet is attached for explanations

	Group 1	Group 2	Group3	Group 4	Group5
Type *					
City					
County					
State					
Zip code					
Distance to coastal water					
Protection class					
# of homes					
Estimated TECV per structure (do not include land) **					
Average build-to-sell time					
Estimated # of homes in progress at one time					

14. EXISTING INVENTORY: If blanket coverage is requested and coverage for existing inventory is desired, please provide details listing ALL existing inventory below, or attach a separate list. If Single Shot, list covered addresses below. Existing inventory means single-family dwellings, model homes, model home leasebacks, multi-family structures and commercial structures that began construction prior to the policy's inception date. This includes homes that are completed as well as homes currently under construction.  Check here if separate list is attached

	Inventory 1	Inventory 2	Inventory 3	Inventory 4	Inventory 5
Type*					
Street address					
City					
State					
Zip code					
Distance to coastal water					
Protection class					
Estimated TECV per structure (do not include land) **					
Original start date					
Projected date of close					

\*Type: A = Single-family dwelling  
B = Multi-unit structure

C = Commercial (other than apartments)  
D = Model homes

E = Model home leaseback

\*\*TECV stands for "Total Estimated Completed Value"



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**13. RENOVATION / REMODEL WORK**

Check here if separate list is attached

	Renovation 1	Renovation 2	Renovation 3	Renovation 4	Renovation 5
Street address					
City					
County					
State					
Zip code					
Distance to coastal water					
Protection class					
Estimated TECV per structure (do not include land) **					
Original start date					
Projected date of close					

16. Is the insured a current member of a home builders association?

yes

no

*if yes, please indicate which association* \_\_\_\_\_

17. Is profit included or excluded from the TECV figures shown?

included

excluded

## Signatures

Your signature authorizes Insurance Specialty Group LLC to conduct an investigation of the applicant's activities, make inquiries and obtain credit reports as may be necessary for its determination of the applicant's financial and technical ability to meet its obligations to homeowners, insurance carrier/s and the Risk Retention Group/s. Your signature also authorizes the underwriter of the "APP" program and the CGL carrier to access all information in the possession of ISG related to applicant's claims and/or complaints associated with 2-10 HBW Warranty.

Any person who knowingly and with intent to defraud any insurance company or another 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

\_\_\_\_\_  
Signature of applicant (must be officer or owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Title

Please return this application to your insurance agent or broker.

Insurance Specialty Group | 4501 Circle 75 Pkwy, Suite F6200 | Atlanta, GA 30339 | Phone: 678-742-6300



Additional information may be needed based on how the following questions are answered.

Desired Effective Date	
Insured Name	
Property Address Under Construction	
Property County	
Is the insured the owner, builder or owner/builder	
Insured Mailing Address	
Contact name, phone and email address	
Builder Information	
Builder Address	
Does the builder have two years experience?	
Is the project brand new construction?	
Is the structure a 1-4 unit dwelling single construction?	
What is the total # of structures for this location?	
Is the builder insuring any other properties with Schinnerer within 100 feet of this structure?	
If yes, what is the total value of all structures?	
Has the builder had any builders risk losses in the last three years? If yes, please provide amount and description.	
What is construction type?	
What is the protection class?	
What is the square footage?	
Will the structure be occupied during construction?	
Were there any previous losses at this location?	
Has the project started?	
If hasn't started what is the start date?	
What is the estimated completion date?	
Is there a sales contract on this structure?	
Is the structure modular?	
If project started what is the percentage complete?	
Total completed value of one structure?	
Total completed value of all structures? (would be the same as the value provided for the above question if there is not a stand-alone barn or garage)	
Deductible (1,000 / 2,500 / 5,000)	
Wind questions need to be answered if project is in the following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA)	
Do you want to exclude wind?	
Is the structure located within 1000 feet of ocean, sea, bay or gulf?	
Is the risk eligible for the wind pool?	
Percentage of the structure to be complete by 11/1	
When will the building be capped/reach its highest point?	
When will the building be fully enclosed?	
What percentage of the structure is glass?	
Is the glass impact resistant?	

Additional information may be needed based on how the following questions are answered.

Please provide additional insured name, address and type:

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\*note additional coverages may be increased and optional coverages are available. Collect additional insured information if they need to be added to policy.

ADDITIONAL COVERAGES (INCLUDED IN POLICY)	LIMIT OF INSURANCE
Collapse	included
Scaffolding, Construction Forms And Temporary Structures	\$ 20,000
Debris Removal	\$ 150,000
Discharge From Sewer, Drain or Sump	\$ 5,000
Fire Department Service Charge	\$ 10,000
Valuable Papers and Records	\$ 20,000
Pollutant Clean Up and Removal	\$ 15,000
Ordinance of Law – Direct Damage	
Coverage For Loss To The Undamaged Portion Of The Building	included
(2) Demolition Cost Coverage	\$ 100,000
(3) Increased Cost Of Construction	\$ 100,000
(4) Combined Aggregate	\$ 150,000
Preservation Of Property	included
Reward Payments	\$ 10,000
Property At A Temporary Storage Location	\$ 100,000
Property In Transit	\$ 100,000
Expediting Expense	\$ 50,000
Limited Coverage For “Fungi”, Wet Rot and Dry Rot	\$ 5,000
“Soft Costs”	\$ 50,000