



Builder's Risk Application: Ground-Up Construction

*See separate application for Renovation and Rehabilitation projects
Only complete the Prior Start Construction section if applicable*

Name of Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Producer _____

Address _____

City _____ State _____ Zip _____

Applicant is: individual partnership corporation other _____

Interest of Applicant: owner contractor other _____

Name and Address of Mortgagee _____

Name _____

Address _____

City _____ State _____ Zip _____

Loss Payable Interest _____

Inspection Contact and Phone Number _____

Policy Term: From _____ To _____

Estimated Time to Complete Project _____

Describe the nature and extent of work to be performed

Address of Project _____

I. Limits Of Insurance

- 1. a) \$ _____ At the project site
- b) \$ _____ In temporary storage at any location other than the project site
- c) \$ _____ While in Transit
- d) \$ _____ Soft Cost
- h) \$ _____ Loss of Rents Limit
- i) \$ _____ Flood Limit
- j) \$ _____ Earthquake Limit

2. Deductible:
Frame and Joisted Masonry Construction subject to a \$5,000 minimum deductible.
 \$1,000 \$2,500 Other _____

Does limit include profit? yes no



II. Contractor

Name _____

Address _____

City _____ State _____ Zip _____

1. Has the contractor engaged in this type of project before? yes no
If yes, for how many years? _____

2. Contractor License Number _____

3. Contractor Website Address _____

III. Construction

Frame

Masonry Noncombustible

Joisted Masonry

Fire Resistive / Modified Fire Resistive

NonCombustible

1. Total Square Feet _____

2. Number of floors above ground _____

3. Number of floors below ground _____

4. Is construction lift slab, tilt-up or prototype? yes no

5. Are pilings used? yes no

6. Is the project on filled land? (If yes, please attach geo-technical report.) yes no

7. Number of buildings _____

8. If the project value is more than \$10M, attach a plot plan and construction schedule.

IV. Protection

1. Distance to operating fire hydrant _____ ft.

2. Will the project site be fenced? yes no

3. Will the project site be locked? yes no

4. Will the project site be lighted? yes no

5. Will a watchman be on the premises during non working hours? yes no

V. Protection

1. Original start date of construction? _____

2. a) % of project that has been completed? _____

b) Value of portion of project that has been completed? _____

c) Estimated time needed to complete project? _____

d. Details of construction completed to date



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3. Was there coverage in place prior to your request?

yes no

If yes, why is that coverage not being renewed or being cancelled?

4. If no prior coverage, why the delay in placing coverage?

5. Has there been a change in the contractor?

yes no

If yes, why? _____

6. Have there been any losses at the project site to date?

yes no

If no losses, please attach a "No Loss" letter signed by the insured.

If yes, please give details of each loss

Signatures

Signature of Applicant (must be officer or owner)

Date

Printed Name of Applicant

Title