



Builders Risk Application

A. APPLICANT & CONTRACTOR INFORMATION

1. Name & Address of Applicant: _____

2. Applicant's Interest: Owner Contractor Other: _____

3. Name & Address of General Contractor: _____

Bonded: Yes No Certificates from Subcontractors: Yes No

Years experience in this type of construction: _____

4. Loss History: None

Date	Description / Carrier	Amt. Paid/Reserved	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. PROJECT INFORMATION

1. Limits of Insurance

Completed Value of Project, plus	\$ _____
Value of Temporary Structures	\$ _____
TOTAL Project Limit of Insurance	\$ _____
Sub-Limit: Property at Location Other Than Job Site	\$ _____
Sub-Limit: Property in Transit	\$ _____

If project is Renovation, the Value of unoccupied existing structure is to be included in this coverage.

ACV of Existing Structure, plus	\$ _____
Value of Renovations, Repairs, Additions	\$ _____
Completed Value of Project	\$ _____

2. Description of Project: _____

3. Location of Job Site: _____

4. Deductibles Requested:
 \$ _____ Property at Job Site or any Other Location \$ _____ Property in Transit.

5. Start Date: _____ Estimated Completion Date: _____

6. Project is: Single Job Multiple Projects (Complete Item #15)
7. Project is: New Construction Renovation Addition
8. Construction is: I. Frame II. Joisted Masonry III. Mas. Non-Comb.
 IV. Non-Comb. V. Mod. Fire Res. VI. Fire Resistive
9. Number of floors above ground: _____. Below Ground: _____.
10. Square feet per floor: _____. Total square feet: _____.
11. Off-site storage Location, Description and Protection: _____

 Maximum Values at Risk: \$ _____.
12. Transit methods: _____
 Maximum Value any one shipment: \$ _____.
13. Town Protection Class: _____. Distance to Fire Station: _____ Paid Volunteer
 Distance to Operating Fire Hydrant: _____. Private Fire Protection available: _____
 Is Job Site: (Check all "Yes" answers): Fenced? Lighted?
 Patrolled by watchman after working hours? Regularly patrolled by Police?
 Describe other protective measures: _____
14. Any Removal, replacement or alterations of Load bearing walls? Yes No
 Describe: _____
 Any excavation beneath or raising of an existing structure? Yes No
 Describe: _____
 Any rigging or hoisting operations? Yes No
 Describe: _____
15. Complete if multiple projects requiring Completed Value Reporting Form:
- | Const. Type: | Annual | Avg. | Max. Value | Ave. Value | Catastrophic |
|--------------|---------------|-----------------|--------------------|--------------------|-----------------|
| | <u>Number</u> | <u>Duration</u> | <u>Per Project</u> | <u>Per Project</u> | Limit Requested |
| Residential: | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Commercial: | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Total: | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
16. Loss Payees: _____

17. Additional Comments: _____

C. SIGNATURES

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____