



Application for builders risk insurance

Name and address of applicant(s) _____

Is the Applicant: Owner Contractor
 Sub- Contractor Other

Name and address of Contractor: _____

Is Contractor Bonded? Yes No

Name of Bonding Company: _____

Number of years experience in this type of construction: _____

List all losses incurred by the Applicant (or Contractor) within the past 3 years: (if required, use separate sheet)

Date	Nature of loss	Amount

Check whether: Single Project or Multiple Project

1. Description and Address of Project Location: _____

Type of occupancy when completed: _____

2. Completed Value of Project: \$ _____
Intended Commencement Date: _____
Approximate completion Date: _____

3. Type of Construction: (Materials used and methods of construction)
A. Foundation: _____ E. Insulation: _____
B. Floors: _____ F. Dimensions: _____
C Walls: _____ G. Number of Stories: _____ (Above ground)
Percentage Glass: _____ (Below ground)
D. Roof: _____

4. Protection:
A. Town Protection Class: _____
B. Distance to nearest operational fire hydrant: _____
C. Distance to Fire Station: _____
D. Fire Station: Paid Volunteer
E. Will job site be fenced and lighted? Yes No
F. Has job site police protection? Yes No
G. Will standpipes be installed and operational as building progresses? Yes No
H. Watchman Service (Describe): _____

5. Limits of Liability: _____

Single Project

\$ _____ at any one construction premises
 \$ _____ while in transit
 \$ _____ while held at temporary storage location
 \$ _____ any one loss, disaster or casualty

Multiple Project

\$ _____
 \$ _____
 \$ _____
 \$ _____

6. Deductible: (\$1,000- Min.) Single Project \$ _____ Multiple Project \$ _____

7. Is Earthquake coverage required? Yes No Sub Limit \$ _____ Zone # _____
 If answer is Yes, is soil report available? Yes No

8. Is Flood, Surface Waters coverage required? Yes No Sub Limit \$ _____
 If Yes complete the following:
 Distance from nearest body of water _____
 Name and type of body of water _____
 Height of site above highest recorded water level _____
 Any Flood history in area? Yes No
 If answer is yes, describe: _____

9. Transit and Storage:

A. Value of property that will be shipped at Insured's risk: \$ _____

B. List below any off- site temporary storage location(s):

Location	Value	Type of Property

10. Rigging and Hoisting (Describe and indicate maximum value at risk and who will be performing)

11. Scaffolding will be Wood Metal

12. Builders Risk 100% Coinsurance Annual Rate: Fire EC

If a Multiple Project, Please Furnish Requested Information Below:

13. Work contemplated in the next 12 months:

A. Describe types of buildings or nature of work and materials to be used:

B. Geographic Area where work will be performed:

C. Estimated Contract Price:

The following statement is attached to and forms part of this document:

“Any person who knowingly and with intent to defraud any insurance company or other persona files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.”

Signature of Applicant

Agent/ Broker's Name and Address

Date