

BUILDER'S RISK APPLICATION

1. **INSURED** _____
ADDRESS _____
CITY _____ **STATE** ____ **ZIP** _____ **PHONE** _____
2. **BUILDING CONTRACTOR (BUILDER)** _____
ADDRESS _____
CITY _____ **STATE** ____ **ZIP** _____ **PHONE** _____
3. **YEARS EXPERIENCE OF THE BUILDER** _____
4. **BUILDER'S PREVIOUS CARRIER ON OTHER VENTURES?** _____
WHY WON'T THEY WRITE THIS ONE? _____
5. **BUILDER'S 5 YEAR LOSS HISTORY ON OTHER VENTURES?** _____
6. **LOCATION OF BUILDING** _____
7. **ANY LOSSES AT THIS LOCATION?** _____ **IF SO, WHAT & WHEN?** _____
8. **BUILDING WILL BE USED AS** _____
9. **# OF STORIES** _____ **BASEMENT/SLAB?** _____
10. **CONSTRUCTION DETAILS: outside walls** _____ **roof** _____
of roof layers _____ **sprinklered?** _____ **CSA?** _____
11. **DATE CONSTRUCTION WILL START** _____ **TIME TO COMPLETE** _____
12. **ANY FLOOD, EARTHQUAKE OR SUBSIDENCE EXPOSURE?** _____
13. **PERILS REQUIRED** _____ **DEDUCTIBLE REQUIRED?** _____
14. **TOTAL AMOUNT OF INSURANCE \$** _____
15. **IF ADD-ON/RENOVATION, ARE WE TO COVER EXISTING STRUCTURE ALSO?** _____
IF SO, WHAT IS THE AGE OF THE BUILDING? _____
WHAT IS THE LIMIT FOR THE EXISTING STRUCTURE? _____
16. **IF THIS IS A REMODEL, GIVE FULL DETAILS OF WHAT IS BEING DONE** _____
WHAT IS THE AGE OF THE BUILDING BEING RENOVATED? _____
17. **IS THE PROPERTY INSIDE OR OUTSIDE THE CITY LIMITS?** _____
NEAREST FIRE DEPARTMENT _____
NEAREST FIRE PLUG _____
18. **WHAT SECURITY IS PROVIDED AT THE JOB SITE?** _____
19. **LOSS PAYEE:** _____
20. **WILL ALL CONTRACTORS HIRED BY THE INSURED OR HIS GENL. CONTRACTOR PROVIDE PROOF OF CURRENT GENERAL LIABILITY COVERAGE WITH MINIMUM LIMITS OF \$300,000.00 CSL PRIOR TO STARTING WORK AT THE SITE?** _____

SPECIAL NOTICE: As a part of our underwriting procedure, a routine inquiry and/or a consumer credit report may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

DATE _____

INSURED'S SIGNATURE _____

INSURED'S NAME (PRINTED) _____

SOCIAL SECURITY # _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

AGENCY _____

ADDRESS _____
PHONE# () _____ **FAX#** () _____