
Builder's Risk Insurance Application

Name and Address of Applicant(s): _____

Is the Applicant: Owner Contractor Subcontractor 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 :

Date	Nature of Loss	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check whether this is a: SINGLE PROJECT OR MULTIPLE PROJECTS

1. Description and address of Project Location:

Type of occupancy when completed: _____

2. Completed Value of Project: \$ _____

Intended Commencement Date _____

Approximate Completion Date _____

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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: _____	Number of Stories Below _____
Ground: _____	
D. Roof: _____	

4. Protection:

A. Town Protection Class: _____

B. Distance to nearest operational fire hydrant: _____

C. Distance to Fire Station: _____

D. Fire Department: PAID VOLUNTEER

E. Will job site be fenced and lighted? YES NO

F. Has job site had 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		MULTIPLE PROJECT
\$ _____	at any one construction premises	\$ _____
\$ _____	while in transit	\$ _____
\$ _____	while held at any temporary storage location	\$ _____
\$ _____	any one loss, disaster or casualty	\$ _____

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

7. Is Earthquake coverage required? Yes No Sub-limit: _____ Zone #: _____

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 the area? Yes No If 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% Co-insurance Annual Rate Fire _____ EC _____

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 person 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 Name and Address	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____