



BUILDERS RISK APPLICATION

- 1. Name of Applicant: _____
- 2. Web site Address: _____
- 3. Proposed Policy Term: From: _____ To: _____
- 4. Applicant's Business: _____ Number of Years in Business: _____
- 5. Contact for Inspection:
Name: _____
E-mail Address: _____ Telephone Number: _____
- 6. Have you declared bankruptcy or been in receivership within the past five years?..... Yes No
- 7. Description of Applicant: (Check all that apply)
 Developer General Contractor Owner Tenant/Occupant Other (specify): _____

ANSWER ANY QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

PROPERTY COVERAGE DETAILS

- 8. Location of Structure: _____
- 9. Mortgagee Name: _____
Address: _____
- 10. Causes of Loss: Basic Broad Special Form
- 11. Deductible: \$500 \$1,000 Other: _____
- 12. Protection Class: _____
- 13. Number of Stories: _____
- 14. Construction: Frame Joisted Masonry Fire Resistive Masonry Non-combustible
 Modified Fire Resistive Non-combustible Other: _____
- 15. Building Use: Residential Mfg./Industrial Retail/Commercial Storage Other: _____

LIMITS OF INSURANCE

Indicate limits for improvements/repairs (renovations) or new construction. Limits for the existing structure and improvements must add up to one hundred percent (100%) of the completed value for renovations.

Renovation (Building, Equipment & Supplies)		New Construction (Building, Equipment & Supplies)	
Existing Structure	\$	Covered Property	\$
Improvements	\$	Property in Transit	\$
Property in Transit	\$	Temporary Storage	\$
Temporary Storage	\$		
All Covered Property In Any One Occurrence			\$

16. What date is construction planned: Begin: _____ End: _____

17. Will any portion of the structure be occupied prior to completion of the project?..... Yes No
 If this is a reporting form policy, check the box indicating whether the values to be reported include the values of leased or rented equipment.....

PROTECTION OF PROPERTY

18. Is guard service employed?..... Yes No

19. Is one hundred percent (100%) of the interior project deadbolt-locked? Yes No

20. Is there security lighting at the job site? Yes No

21. Is the job site fenced?..... Yes No

22. If the insured has hazardous or flammable materials stored at the jobsite, what are they and what storage controls are in place to prevent fire potential? _____

23. Are licensed riggers used if hoisting or rigging is necessary? Yes No

24. Is the existing building equipped with:
 a. A central station fire alarm system?..... Yes No
 b. A recognized approved fire extinguishers?..... Yes No

25. Are the standpipes operational and filled with water? Yes No

26. Does the construction site have a watchman? Yes No

27. Are there portable fire extinguishers located at the construction site?..... Yes No

28. Is there a central station burglar alarm?..... Yes No

29. Check the appropriate purchase arrangements for the building supplies and materials:
 Free On Board (FOB Point of Shipment) Free On Board (FOB) Destination

30. At the job site:
 What is the distance in feet to the nearest fire hydrant? _____
 What is the distance in miles to the nearest responding fire department? _____

PROTECTION OF PROPERTY FROM TRANSPORTATION HAZARDS

31. Has a released bill of lading from the carriers been obtained in the event transportation is by common or contract carrier at the insured's risk? Yes No

OPTIONAL COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES

	Deductible Applicable To This Coverage	Limits of Insurance
Soft Costs (If selected, provide additional breakdown of those costs. i.e., additional interest, taxes, advertising etc)	\$	\$
Business Income (If selected, attach appropriate worksheet.)	\$	\$
Rental Value	\$	\$
Earthquake	\$	\$
Water Damage	\$	\$

32. Fungi, Wet Rot and Dry Rot

Revised Limit in lieu of \$15,000:..... \$ _____

Separate Locations Option: Yes No

If Yes, describe the separate locations:

Business Income/Extra Expense—Revised number of days: _____

ADDITIONAL INFORMATION

33. Prior Carrier:

Insurance companies during the last three years: _____

34. Claim History:

Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured: _____

35. Other Information:

List of any additional information attached with this application: _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE , VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____
(Applicable to Florida agents only)

CONTACT PERSON: _____

CONTACT PERSON'S PHONE NUMBER: _____