



BUILDER'S RISK APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):						
2. Mailing Address		Street	City	County	State	ZIP Code
3. Location Address		Street	City	County	State	ZIP Code
4. Telephone:				Fax:		
Website:						
5. Contact person/phone #:		Inspection:				
		Accounting/Records:				
6. Business Type:		<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Trust
		<input type="checkbox"/> Other (specify):				
7. Interest of Named Insured in premises:		<input type="checkbox"/> Owner	<input type="checkbox"/> General Lessee	<input type="checkbox"/> Tenant		
		<input type="checkbox"/> Other:				
8. Effective Date Desired: From:				To:	Term Desired:	

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary ☐ **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

☐ No ☐ Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

BUILDING INFORMATION

1. Location of structure:	
2. Mortgagee	Name:
	Address:
3. Causes of Loss: <input type="checkbox"/> Broad <input type="checkbox"/> Special Form (not available on renovations)	
4. Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other:	
5. Protection Class:	
6. Number of Stories:	Area (sq. ft.) of Building:
7. Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-combustible	
<input type="checkbox"/> Other:	

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

Renovation			New Construction		
Existing Structure			Building		
Improvements			Property in Transit		(max. 10,000)
Property in Transit		(max. 10,000)	Property Offsite		(max. 10,000)
Property Offsite		(max. 10,000)	Theft		(max. 10,000)
Theft		(max. 10,000)			

UNDERWRITING INFORMATION

- 1 Describe the work to be performed:
-
2. Date construction is planned to: Begin: _____ End: _____
If construction is not expected to occur on a continuous basis, provide explanation:
-
3. Will any portion of the structure be occupied prior to completion of the project? ☐ Yes ☐ No
If yes, describe occupancy:
-
4. Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry:
-
5. Neighborhood type: ☐ Residential ☐ Mfg./Industrial ☐ Retail/Commercial
☐ Rural ☐ Other:
-
- | | Yes | No |
|---|--------------------------|--------------------------|
| 6. Are vagrants known to have occupied this structure in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the job involve any of the following: | | |
| a. Demolition of the structure | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Structural alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Extensive gutting | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Modular units or mobile homes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Evacuation | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Unique or Experimental design | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Renovation after fire/vandalism | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Lead/Asbestos/Other Pollutant Removal | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Piers, wharfs, docks, TV and radio towers | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Multiple buildings | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Multi-family housing or residential condominiums or residential apartments in excess of 15 units | <input type="checkbox"/> | <input type="checkbox"/> |
-
- Explain all YES answers:
-
8. Is the structure sprinklered? ☐ Yes ☐ No
If yes, has the system been turned off? ☐ Yes ☐ No
9. Are situations present that may involve potential disputes at the worksite (e.g. strikes, lockouts, etc.)?
☐ Yes ☐ No If yes, explain:
-
10. General contractors years of experience on similar projects: ☐ Less than 1 ☐ 1 to 5 ☐ More than 5
11. Are you the: ☐ Building Owner **not** acting as a General Contractor
☐ Building Owner acting as a General Contractor
☐ General Contractor who does not own the building
☐ Real Estate Developer
-

12. If you are the building owner:

a. Number of other properties you own: _____

b. Name of General Contractor: _____

c. Amount paid for structure: \$ _____

d. Do you have any experience investing in real estate? ☐ Yes ☐ No
If yes, describe: _____

e. Do you subcontract work to others? ☐ Yes ☐ No If yes, answer the following questions:

(1) Type of work: _____

(2) Cost of subcontractor's/contract labor: \$ _____

(3) Are all subcontractors required to carry insurance? ☐ Yes ☐ No If yes, indicate:

(a) Comprehensive General Liability Limit: \$ _____

(b) Are you named as an additional insured? ☐ Yes ☐ No

(c) Are certificates of insurance required from subcontractors? ☐ Yes ☐ No

	Yes	No
13. Has there been any history of bankruptcy? <i>If yes, give details on separate page.</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there any mortgage payments (building or contents) overdue by 3 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there any tax liens against the property?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone with a financial interest in this structure been convicted of, or indicted for, any degree of arson, fraud, or other crime related to loss on property owned now or during the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there any other insurance in force or to be secured on this property?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, indicate:

Policy #	Status	Date	Amount of Insurance	Carrier

FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		