



ESSEX INSURANCE COMPANY

SUPPLEMENTAL BUILDERS RISK APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ TELEPHONE: _____

LOCATION ADDRESS: _____

YEARS IN BUSINESS: _____ POLICY TERM: _____ TO _____

DESCRIPTION OF OPERATIONS: _____

INSURED IS: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ JOINT VENTURE.

ESTIMATED START DATE OF PROJECT:	PROJECT CURRENTLY UNDER CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED COMPLETION DATE OF PROPECT:	IF YES – ORIGINAL START DATE:
ESTIMATED TERM OF CONSTRUCTION:	MONTHS % COMPLETED: VALUES COMPLETED:

LIMITS OF LIABILITY:			
TOTAL COMPLETED VALUE OF PROJECT:	\$	TEMPORARY STORAGE:	\$
LOSS LIMIT (IF APPLICABLE):	\$	TRANSIT:	\$
IF RENOVATIONS:	\$	VALUE OF EXISTING STRUCTURE (ACV)	\$ COST OF RENOVATIONS (RC)

OPTIONAL COVERAGES: (MUST BE CHECKED)			
WINDSTORM: <input type="checkbox"/>	IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL?	\$	
ELEVATION OF FIRST FINISHED FLOOR?			
SOFTS COSTS: <input type="checkbox"/>	\$	LOSS OF RENTS:	<input type="checkbox"/> \$
(MUST ATTACH COMPLETE BREAKDOWN)		LOSS OF EARNINGS:	<input type="checkbox"/> \$

DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)			
\$ 1,000	<input type="checkbox"/>	\$ 2,500	<input type="checkbox"/>
\$ 5,000	<input type="checkbox"/>	OTHER	\$

PROJECT INFORMATION:				
LOCATION ADDRESS:	STREET ADDRESS	CITY	COUNTY	ST ZIP
PROJECT TYPE:	RESIDENTIAL: <input type="checkbox"/>	SINGLE FAMILY <input type="checkbox"/>	TWO FAMILY <input type="checkbox"/>	COMMERCIAL: <input type="checkbox"/>

PUBLIC PROTECTION CLASS:	CITY LIMITS: INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>
DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT:	DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT:	

DISTANCE FROM COASTAL WATERS:		FEET	MILES
TOTAL SQ. FT. AREA:	# OF BUILDINGS:	APPROXIMATE DISTANCE BETWEEN BUILDINGS:	
# OF STORIES:			
INTENDED OCCUPANCY:			
CONSTRUCTION TYPE: (CHECK ONE)	<input type="checkbox"/> FRAME	WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD	
	<input type="checkbox"/> MASONRY JOIST	WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE	
	<input type="checkbox"/> NONCOMBUSTIBLE	WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL	
	<input type="checkbox"/> MASONRY NONCOMBUSTIBLE	WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL	
	<input type="checkbox"/> FIRE RESISTIVE	WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS	
REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS			
NEAREST EXPOSED STRUCTURE:	OCCUPANCY:	DISTANCE TO:	CONSTRUCTION TYPE:
ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED?			
IF YES TO ABOVE – PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES: _____			

<u>SITE SECURITY:</u>			
SITE FENCED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SITE LIGHTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS ON SITE?	_____

<u>LOSS CONTROL:</u>			
DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FREQUENCY:	_____
PUBLIC WATER SUPPLY IN SERVICE AT SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BRUSH AREA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES – CLEARANCE FROM SITE?	_____

<u>MISCELLANEOUS:</u>
PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.): _____

THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.

THE PROPOSER AGREES THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL ARE TRUE AND THAT, IF INSURANCE IS AFFECTED, MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION VOIDS THIS INSURANCE.

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE