



BUILDERS RISK APPLICATION

Insured Name _____

Mailing Address _____

Insured is: **Owner** **Contractor** **Years in Business:** _____

Contractor Name & Mailing Address (if different from named insured) _____

Loss History (if any)

Year	Total Incurred	Description

General Information

Location Address: _____

Project Type: **Residential (Single Family)** **Residential (Two-Family)** **Commercial**

Renovation Information (if new construction, please skip this section)

Value of existing structure: _____ Value of work to be completed: _____

Estimated time needed for completion: _____ Year Built _____ Is work structural in nature? **Yes** **No**

If work is not structural, please describe nature of renovations (e.g., recarpeting, fixtures, etc.):

Construction Information

Estimated Start Date: _____ Estimated Completion Date: _____

Is project currently under construction? **Yes** **No** If yes, please provide original start date: _____

Estimated term of construction: _____ Months: _____ % Completed: _____

Construction type: **Frame** **JM** **Noncombustible** **MNC** **Fire resistive**

Square footage: _____ # of Stories: _____ # of Buildings: _____ Protection Class: _____

Approximate distance between buildings: _____ Intended occupancy: _____

Optional Coverages (check any that apply)

Windstorm (coastal risks): _____

Distance to coast: _____

Is project location eligible for coverage in a wind pool?

Yes No

If yes, is maximum limit available in wind pool?

Yes No

Limits of Liability

Total completed project value: _____

Temporary Storage: _____

Transit: _____

Soft Costs: _____

Loss of Rents: _____

Loss of Earnings: _____

Security

Is the project site fenced?

Yes No

Is the project site lighted?

Yes No

Is a security guard on site during non-working hours?

Yes No

If yes, please provide hours on site: _____

Loss Control

Is debris removed from the site at regular intervals?

Yes No

Frequency: _____

Is a public water supply in service at the site?

Yes No

Is there a brush area?

Yes No

If yes, please provide the clearance from the site _____

Additional Insured, Mortgagee, Loss Payee Information (if applicable)

Type	Name	Address

Applicant Signature / Date_____
Producer Signature / Date