



**APPLICATION FOR BUILDER’S RISK PROGRAM**

Name of Applicant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant’s Occupation and Employer: \_\_\_\_\_

Terms of Coverage: Effective: \_\_\_\_\_ Expiration: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Losses in Past 5 Years: \_\_\_\_\_

Bankruptcy Status: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

Previous Carrier: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

**CONTRACTOR:**

Name of Contractor: \_\_\_\_\_

Years of Experience: \_\_\_\_\_ CGL limits are carried by contractor: \_\_\_\_\_

Contractor is a licensed & insured builder (Circle One): Yes No

Ever Done This Type of Project Before? (Circle One): Yes No

Building Permit (Circle One): Yes No

Does the contract between the insured and the General Contractor contain a Waiver of Subrogation? \_\_\_\_\_

**SECURITY:**

Gated/ Guarded Community (Circle One): Yes No

Utilities (Circle One): Electric Water Heat Combo None

Central Station Alarms (Circle One): Fire Burglar Combo Sprinklered None

Are all subcontractors required to provide & maintain portable fire extinguishers? Yes No

Distance to Fire Hydrants: \_\_\_\_\_ Distance to Fire Department: \_\_\_\_\_



**SITE INFORMATION:**

ISO Territory: \_\_\_\_\_ Protection Class: \_\_\_\_\_

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

Update Years: Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Construction Type (Circle One): Brick Stone Masonry Frame Stucco

Type of Foundation (Circle One): Concrete Slab Concrete Blocks Pilings Stilts

Intent (Circle One): Sell Rent Occupy Primary or Secondary

Type (Circle One): Residential Commercial Industrial

Subsurface Operations (Circle One): Blasting Shoring Pile Driving Underpinning None

Any demolition work? (Circle One): Hand Ball & Chain Explosives None

**LIMITS:**

Type of Builder's Risk (Circle One): New Construction Renovation Addition

Current Value: \_\_\_\_\_

Renovation/Addition Costs: \_\_\_\_\_

Estimated Completed Value [Dwelling]: \_\_\_\_\_

Offsite: \_\_\_\_\_

Transit: \_\_\_\_\_

Hard Costs (Labor, Materials): \_\_\_\_\_

Soft Costs (Finance/ Carrying Costs, Marketing Expenses, Legal Fees): \_\_\_\_\_

Other Structures: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Loss of Use : \_\_\_\_\_

Premises Liability: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Purchase Price of Property: \_\_\_\_\_

Deductible: \_\_\_\_\_

**SIGNATURE OF APPLICANT(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_