

**RISK INFORMATION**

**About the Owner...** Name: \_\_\_\_\_  
 (if other than insured) Address: \_\_\_\_\_

**About the Contractor...** Name: \_\_\_\_\_  
 (if other than insured) Address: \_\_\_\_\_

**About the Architect or Consulting Engineer...** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Has the insured held the Architect/Designer harmless for errors in design?  Yes  No

Describe the contractor's experience with this type of construction:

**LIMITS OF INSURANCE: If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.**

\$ \_\_\_\_\_ at construction jobsite location \$ \_\_\_\_\_ while in transit  
 \$ \_\_\_\_\_ in any one loss  
 Deductible:  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_

**SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"**

**A. SPECIFIC JOB**

**Location:** \_\_\_\_\_

**Construction Details...**

Building Materials: Walls \_\_\_\_\_ Roof \_\_\_\_\_  
 Floors \_\_\_\_\_

Intended Occupancy: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Number of stories: \_\_\_\_\_

Intended Completion Date: \_\_\_\_\_ Contract Price: \$ \_\_\_\_\_

Any rigging required?  Yes\*  No

\* Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform:

\_\_\_\_\_

**Site Particulars..**

Fire Protection Class (at site): \_\_\_\_\_ Distance to Hydrants: \_\_\_\_\_ feet

Check any that apply at jobsite:  Fenced  Floodlights  
 Outside Patrol Service; How frequent? \_\_\_\_\_  
 Watchman Service; Hours? \_\_\_\_\_

**B. COMPLETED VALUE - MONTHLY REPORTING FORM**

	Type of Buildings	Duration	# of Jobs		Values		
			Min	Max	Minimum \$	Maximum \$	Average \$
Past 12 Months							
Next 12 Months							

**OPTIONAL COVERAGES & ENDORSEMENTS** (check desired coverages & complete appropriate questions)

**Time Element Coverage**

\$ \_\_\_\_\_ Soft Costs, including:  
 Interest on Construction loan       Lease renegotiation fees       Advertising Exps  
 Realty taxes & other assessments       Architectural or engineering supervisory fees

\$ \_\_\_\_\_ Rental Value

Deductible: \$ \_\_\_\_\_, OR \_\_\_\_\_ days waiting prd

**Flood Coverage**

- Sublimits [(if different from other limit(s))]  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any other location  
 \$ \_\_\_\_\_ in any one policy year

- Deductible (if different from deductible for other coverages)  
 \$ \_\_\_\_\_ ; \_\_\_\_\_ hours waiting period

- Federal Flood Zone at jobsite:  A     AE     A1:A30     AO     A99  
 B     C     D     V     V1:V30  
 VE     VO     Shaded X     Unshaded X

**Earthquake Coverage**

- Sublimits [(if different from other limit(s))]  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any other location  
 \$ \_\_\_\_\_ in any one policy year

- Deductible (if different from deductible for other coverages)  
 - \$ \_\_\_\_\_ OR \_\_\_\_\_ % of value  
 - \_\_\_\_\_ hours waiting period

**Temporary Location**

\$ \_\_\_\_\_ at a temporary location  
 - Type of property stored: \_\_\_\_\_ - Maximum values stored: \$ \_\_\_\_\_

**Furniture & Appliances Covg**

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ in any one building  
 \$ \_\_\_\_\_ any one loss

Flat Annual Premium      OR       Monthly Reporting

**Ordinance or Law Coverage**

Loc:	Demolition Cost	Incrsd Cost of Constructn.
Loc: _____	\$ _____	\$ _____
Loc: _____	\$ _____	\$ _____

**Temporary Structures Endorsement**

\$ \_\_\_\_\_ on temporary structures, scaffolding, forms at jobsite

<input type="checkbox"/> \$5,000 Extra Expense Coverage	<input type="checkbox"/> \$5,000 Fire Protection Equipment Coverage
<input type="checkbox"/> \$100,000 Inflation Protection Cvg	<input type="checkbox"/> \$5,000 Plans and Records Coverage
<input type="checkbox"/> \$1,000 Fire Dpt Service Charge	<input type="checkbox"/> \$5,000 Removal Expense (to avoid imminent loss from a covered cause)
<input type="checkbox"/> Machinery Breakdown Coverage (excluding production machinery)	
<input type="checkbox"/> \$5,000 Lawns, Trees, Shrubs, & Plants Coverage (Limited to \$500 any one); fire, lightning, explosion aircraft, civil disturbance or riot)	

**Permission to Occupy**

Location: \_\_\_\_\_ Occupancy: \_\_\_\_\_

**Permission to Waive Rights** against the following: \_\_\_\_\_

**Watchman Warranty**

Watch starting date: \_\_\_\_\_ Location Protected: \_\_\_\_\_

**Testing Exclusion**

**Contingent Coverage Endorsement**

**Steam Boiler Exclusion**

**Difference in Conditions** (excludes certain named perils)