



Evanston Insurance Company

Builder's Risk Application

Applicant to complete this application for all dwellings undergoing construction or renovation.

Applicant information:

Current and prior Evanston policy number(s):

Name of applicant:

Location address (street, city, state & zip):

Occupation:

Employer:

Construction information:

1. Builder's risk type: Ground up new construction Renovation Full gut/renovation

2. Will any demolition of exterior walls be taking place? Yes No

3. Are dwelling walls, windows, doors, and roof fully enclosed, intact, and in at least average condition? (N/A to ground up new construction)
 Yes No **(If no, please explain)**

4. Are there any current uncorrected liability hazards? Yes No **(If yes, please explain)**

5. Will the dwelling be occupied by the applicant or tenant during construction? (N/A to ground up new construction) Yes No

6. Provide a detailed list of **ALL** interior and exterior work being done:

7. Projected construction/renovation start date:

8. Projected construction/renovation completion date:

9. Percentage of construction/renovation currently completed:

10. Estimated completed value of dwelling:

Security information:

Construction site fenced? Yes No

Construction site lit? Yes No

Gated community? Yes No

Any additional security:

Contractor information:

1. Building permits currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please state date they will be in place)
2. Name of General Contractor:
3. Is the General Contractor licensed and insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)
4. General Contractor's insurance carrier and limits:
5. Will the <u>applicant</u> be hiring any sub-contractors directly? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide detailed list of what work is being done by applicant hired sub-contractors)

Additional information:

Additional comments:

Applicant's statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature:	Date:
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Producer's signature:	Date:
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