

**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

**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 Other

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

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

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

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

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

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

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

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

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

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

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

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

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