



BUILDER'S RISK APPLICATION

DATE _____

1. Name of General Contractor:

2. Description of site: _____
3. The number of buildings or structures at each location:

4. Public protection class at each location:

5. Construction classification of each building:

6. The value of each building:

7. Number of floors for each building:

8. Commercial/residential-Intended occupancy of each building:

9. Estimated completion date:

10. Distance of each building to a working (tested) hydrant:

11. Accessibility to the location over paved roads:

12. Exposure to sinkholes:

13. Requested limit of coverage: _____
14. Requested deductible: _____





15. Hot-work; Welding and cutting operations:

16. Jobsite security: _____

17. Are you requesting coverage for more than one location? Yes/No.

If yes, please answer the following:

a. Operating Territory: _____

b. Jobs and values:

i. Type (Commercial/Residential): _____

ii. Annual number of jobs: _____

iii. Duration of jobs: _____

iv. Maximum, minimum and average value of each job:

v. Maximum and average number of jobs in progress: _____

vi. Job site security: _____

c. Can receipts be provided? Yes/No: _____

d. Policy limit requested: _____

e. Deductible requested: _____

f. Job site security: _____

18. Is this a rehabilitation project? Yes/No: _____

* If yes, please complete the attached Addendum.

18. Installation Project? Yes/No: _____

If yes, describe the work being completed:

a. Structural/Describe scope of job-





b. Cosmetic/Describe scope of job-

19. Will you require any coverage for Soft Costs and/or Contractor's Equipment?
Yes/No: Please specify: _____

20. Loss History/5Years _____

Print Your Name: _____

Signature: _____

Contact Information: _____

Date: _____





Addendum

Please answer the following:

Currently under renovation? Yes ___ No ___

a. Existing Structure Value (excluding land)

___ Coverage ___ No Coverage

If coverage is selected:

___ Purchase Price _____

___ Actual Cash Value _____

___ Agreed Value _____

b. Description of Project:

___ Remodel – Please describe _____

___ Remodel/Minor structural – Please describe _____

___ Restoration/Major restructuring – Please describe _____

If structural changes are being made, the following are required:





1. Letter from Engineer stating that the site has been visited and the existing building is structurally sound and can accept the proposed structural changes.
2. Letter from Engineer outlining a complete description of the structural changes to be made.

___ New Addition with some remodel – Please describe

c. Occupied during renovations? _____

d. Intended Occupancy: _____

e. Previous Occupancy: _____

f. Construction type – please check one:

- ___ Frame
- ___ Masonry Joist
- ___ Noncombustible
- ___ Masonry noncombustible
- ___ Fire Resistive

g. Existing Structure Information:

1. Year Built: _____
2. Date Purchased: _____
3. Current Condition of Structure: _____
4. Historic Landmark: ___ Yes ___ No

h. Loss Control Information:

1. Watchman Service: ___ Yes ___ No





2. Fencing/Lighting: ___ Yes ___ No

3. Public Water Supply in Service at Site? ___ Yes ___ No

4. Debris Removal from Site at Regular Intervals? ___ Yes ___ No

Frequency? _____

5. Brush Area? ___ Yes ___ No If Yes – Clearance from Site?

Print Your Name: _____

Signature: _____

Contact Information: _____

Date: _____

