

# Builders Risk Application



**Broad Form**

**Named Peril Form**

Producer: _____		Inception Date _____ Expiration Date _____
Insured's Name & Address: _____ _____ _____	Loss Payable: _____ _____ _____	<b>Premium Payment:</b> Bill Agency <input type="checkbox"/> Insured <input type="checkbox"/> Installments yes <input type="checkbox"/> no <input type="checkbox"/> Mortgagee <input type="checkbox"/> Reporting yes <input type="checkbox"/> no <input type="checkbox"/>
Owner <input type="checkbox"/> General Contractor <input type="checkbox"/> Insured Location: _____		

Amount of Insurance for New Structures: \$ \_\_\_\_\_ *If multiple structures, aggregate: \$ \_\_\_\_\_*

Automatic Extensions:

Business Income	\$ 2,500 or, if more: \$ _____
Lawns, Trees, Shrubs, Plants	\$ 2,500 or, if more: \$ _____
Debris Removal	\$50,000 or, if more: \$ _____
Plans, Specifications, Blueprints	\$ 2,500 or, if more: \$ _____
In Transit	\$25,000 or, if more: \$ _____
At A Temporary Storage Site	\$25,000 or, if more: \$ _____

Explain increased amounts of extensions coverage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Deductible: Minimum \$500 or, if more \$ \_\_\_\_\_

**Applicant's Loss History:**

Number of years the contractor has been in business: _____ Do we write any other coverage for the applicant? _____ _____	Is the property in or near wooded or brush area? _____ _____
Will the contractor be using union labor for this job? _____ Type of construction: (i.e. frame, HCB) _____ Type of roof: (i.e. tile, shake, T&G) _____ Intended Occupancy: _____ Built to suit or on spec? _____ Start Date: _____ Completion Date: _____ Number of structures to be built: _____ Security at the job site? _____ _____	Is the property on a hillside or Slope? _____ Square Feet: _____ If dwelling, size of living area _____ Size of garage _____ Number of Stories: _____ Distance to Hydrant: _____ Distance to Fire Dept. _____ Protection Class: _____

**WASHINGTON FRAUD STATEMENT**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.