

Builders Risk Application

Broad Form

Named Peril Form

Producer: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Inception Date _____</td> </tr> <tr> <td style="padding: 2px;">Expiration Date _____</td> </tr> <tr> <td style="padding: 2px;">Premium Payment:</td> </tr> <tr> <td style="padding: 2px;">Bill Agency <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Insured <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Installments yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Mortgagee <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Reporting yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> </table>	Inception Date _____	Expiration Date _____	Premium Payment:	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"/>
Inception Date _____										
Expiration Date _____										
Premium Payment:										
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"/>										
Insured's Name & Address: _____ _____ _____	Loss Payable: _____ _____ _____									
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	\$ 2,500 or, if more: \$ _____
At A Temporary Storage Site	\$ 2,500 or, if more: \$ _____

Explain increased amounts of extensions coverage: _____

Deductible: Minimum \$1,000 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: _____