

Builder's Risk Application

Name and Address of Applicant

Name and Address of Producer

1. Applicant is: Individual Partnership Corporation Joint venture Other _____

2. Interest of Applicant: Owner Contractor Other _____

3. Mortgagee: Name _____
Address _____

4. Loss Payable interests: _____

Application is for: Policy Quotation Date of Application _____

Policy Term From _____ To _____

Deductible--Frame and Joisted Masonry Construction subject to a \$5,000 minimum deductible

\$1,000 \$2,500 Other \$ _____

Description of Project:

Inspection Contact Name and Phone Number:

Location of Project: _____

Limits of Insurance

- a. \$ _____ At the project site:
- b. \$ _____ In temporary storage at any location other than the project site
- c. \$ _____ While in transit
- d. \$ _____ For all Covered Property

Contractor

Name/Address _____

Has contractor engaged in this type of project before? Yes No If Yes, for how many years? _____

Contractor License Number _____

Contractor Website Address _____

Construction

Fire Resistive/Modified Fire Resistive Masonry Noncombustible Noncombustible Joisted Masonry Frame

Completed value \$ _____ Estimated time to complete project _____ years _____ months

Total square footage _____ Number of floors above ground _____ below ground _____

Intended occupancy when completed _____

Type of project: Ground-up Construction Renovation/Rehabilitation---need to complete supplemental application

Is construction lift slab, tilt-up or prototype? Yes No
 Is project on filled land? Yes No If Yes, are pilings used? Yes No

Protection

Distance to operating fire hydrant _____ Fire Department: Paid Volunteer
 Will the project be equipped with working standpipes? Yes No Public Fire Protection Class _____ at the job site
 Will temporary heating be used? Yes No If Yes, described in remarks.
 Will the project site be: Fenced? Yes No Locked? Yes No Lighted? Yes No
 Will the watchman be on premises during non-working hours? Yes No

Flood

Flood means waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not.

Is Flood coverage desired? Yes No :
 Is project site in a National Flood Insurance Program Special Flood Hazard Area? Yes No

No Flood coverage applies for any Insured location in a Flood Zone A, A1-30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-30, AR/A, V, V1-30, VE, VO, and D as designated by the Federal Emergency Management Agency's National Flood Insurance Program

If Yes, complete the following: _____
 Name and distance of nearest body of water to project site. _____
 Height of project site above nearest body of water. _____ Flood limit \$ _____ Deductible \$ _____

Earthquake

Is Earthquake coverage desired? Yes No If Yes, Earthquake Limit Deductible
\$ _____ \$ _____

No Earthquake coverage applies for any Insured location in an Earthquake Zone 9, 10, 11, and 12 according to the modified Mercalli Zones. No earthquake coverage applies in California, Hawaii, or Alaska.

Soft Costs (Extra Expense and Rental Income)

Is Soft Cost coverage desired? Yes No

If Yes, check the type desired and provide the following information which is applicable to the project site.

<u>Extra Expense</u>	<u>Annual or Full Dollar Amount</u> <u>*See Note Below</u>
<input type="checkbox"/> Construction Loan Interest	\$ _____
<input type="checkbox"/> Real Estate and Property Taxes	\$ _____
<input type="checkbox"/> Architect, Engineering and Consultant Fees	\$ _____
<input type="checkbox"/> Legal and Accounting Fees	\$ _____
<input type="checkbox"/> Builders' Risk Insurance Premium Charge	\$ _____
<input type="checkbox"/> Advertising and Promotional Expenses	\$ _____
Total Extra Expense Values	\$ _____
<u>Rental Income</u>	
<input type="checkbox"/> Total Rental Income Values	\$ _____

Limit of Insurance requested Extra Expense \$ _____
for:

Rental Income \$ _____

*Show full amount of exposure for the entire job: Limit of Insurance may be less.

Remarks: _____

Applicable in New York State

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Date _____

Agent's Signature

Date _____

Insured's Signature