

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Builder's Risk Supplemental Application

General Information

 Start Date _____ Completion Date _____

 Applicant Name (Legal) _____

 Applicant Name (DBA) _____

 Location of Job Site _____

 Web Address _____ Phone _____

 Number of years experience _____ Number of years the applicant has owned this business _____ Check if New Venture

 Have you owned another business under a different name or entity? Yes No

 If yes, please explain: _____

Applicant's Interest:

 Owner Seller Contractor Sub-contractor Developer Other _____

 Description of Project: _____

 Intended occupancy when completed: _____

 List any unusual characteristics of the project: _____

 Does the property have a historical designation? Yes No

 Does the property have any ornamental facades, fixtures, stained glass or other appointments that have a special or increased value? Yes No

 If yes, please describe: _____

 List of temporary structures (i.e. fencing, forms, scaffolding, field office trailers, etc): _____

 Name and address of General Contractor: _____

Project Limits

 Limits of Insurance _____

 Completed value of project, plus _____

 Value of temporary structures _____

 TOTAL Project limit of insurance _____

If project is Renovation, and Value of unoccupied existing structure is to be included in this coverage:

 ACV of existing structure, plus _____

 Values of renovations, repairs, additions _____

 Completed value of project _____

 Deductible _____ Property at job site or any other location

 Property in transit _____

Exposure(s)

Construction:

- Frame Non-combustible Modified Fire-Resistive
- Fire-Resistive Joisted Masonry Masonry Non-Combustible

Project is:

- Single job New construction Multiple Projects
- Renovation Addition

Neighborhood type:

- Residential Manufacturing/Industrial Retail / Commercial

Condition of Neighborhood:

- Deteriorating Stable Improving

Total square footage: _____

1. Is this an extension of an existing Builders Risk Policy? Yes No

2. Any unusual construction materials, techniques, locations or final occupancies? Yes No

If yes, please explain: _____

3. Apartment or Condominium Complexes? Yes No

4. Any multi unit construction such as tract homes, town homes or patio homes? Yes No

5. Any communication towers? Yes No

6. Any bridges or tunnels? Yes No

7. Any structures exceeding 3 stories or 50 ft. in height? Yes No

8. Is job site fenced? Yes No

9. Is job site lighted? Yes No

10. Any removal, replacement or alteration of load bearing walls? Yes No

If yes, please describe: _____

11. Any excavation beneath or raising of an existing structure? Yes No

If yes, please describe: _____

12. Any underground construction? Yes No

If yes, please describe: _____

13. Is construction lift slab, tilt-up or prototype? Yes No

If yes, are pilings used? Yes No

14. Is project on filled land? Yes No

15. Any rigging or hoisting operations? Yes No

16. Any aircraft property? Yes No

17. Any grain silos? Yes No

18. Any over water exposures? Yes No

19. Patrolled by watchman after working hours? Yes No

20. Regularly patrolled by the police? Yes No

21. Describe other protective measures: _____

22. Number of floors above ground: _____
23. Number of floors below ground: _____
24. Off site storage Location, Description and Protection: _____
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25. Maximum Values at Risk \$ _____
26. Transit Methods: _____
27. Maximum Values any one shipment? \$ _____
28. Protection Class: _____
29. Distance to Fire Station: _____
30. Paid or Volunteer Firemen: _____
31. Private fire protection available? _____
32. Distance to operating fire hydrant: _____
32. Mortgagee(s) / Loss payee(s) _____
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FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

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.

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

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____	Producer _____
Signature _____	Signature _____
Date _____	Date _____