

ACORDTM INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YYYY)

| | | | | | | |
|--|--------------------------|----------------------|--------------------|--------------|--------------|------------|
| PRODUCER | PHONE (A/C. No. Ext): | APPLICANT | | | | |
| | FAX (A/C. No): | | | | | |
| | PROPOSED EFF. DATE | | PROPOSED EXP. DATE | BILLING PLAN | PAYMENT PLAN | PREM. ADJ. |
| | | | | AGENCY | | |
| | | DIRECT | | | | |
| | | FOR COMPANY USE ONLY | | | | |
| <input type="checkbox"/> INSTALLATION | | | | | | |
| <input type="checkbox"/> BUILDERS RISK | | | | | | |

OPEN REPORTING FORM

COVERAGE

| LIMIT AT ANY SINGLE LOCATION | LIMIT PER DISASTER | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT |
|------------------------------|--------------------|-------------------------------|---------------|
| \$ | \$ | \$ | \$ |

CAUSES OF LOSS & DEDUCTIBLE

| CAUSES OF LOSS | SUB LIMIT | DEDUCTIBLE |
|--------------------------------------|-----------|------------|
| EARTHQUAKE | \$ | |
| FLOOD | \$ | |
| | \$ | |
| SPECIAL | | |
| BROAD <input type="checkbox"/> BASIC | | |

TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

| PAST 12 MONTHS | NEXT 12 MONTHS (ESTIMATE) |
|----------------|---------------------------|
| \$ | \$ |

JOBS/VALUES

| TYPE | ANNUAL NUMBER | DURATION | # JOBS IN PROGRESS | | COST OR VALUE OF EACH INSTALLATION | | | MATERIAL COST (% of Total) |
|-------------|---------------|----------|--------------------|---------|------------------------------------|---------|---------|----------------------------|
| | | | MAXIMUM | AVERAGE | MAXIMUM | MINIMUM | AVERAGE | |
| RESIDENTIAL | | | | | \$ | \$ | \$ | % |
| COMMERCIAL | | | | | \$ | \$ | \$ | % |

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

| | | | | | |
|----------------|----------------|------------------------|----------|--|------------------------|
| NAME & ADDRESS | NAME & ADDRESS | | | | |
| INTEREST | | CERTIFICATION REQUIRED | INTEREST | | CERTIFICATION REQUIRED |
| NAME & ADDRESS | NAME & ADDRESS | | | | |
| INTEREST | | CERTIFICATION REQUIRED | INTEREST | | CERTIFICATION REQUIRED |

RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

TRANSPORTATION/SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

REMARKS

SPECIFIC JOB

COVERAGE

| LIMIT AT LOCATION | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT |
|-------------------|-------------------------------|---------------|
| \$ | \$ | \$ |

CAUSES OF LOSS & DEDUCTIBLE

| CAUSES OF LOSS | SUB LIMIT | DEDUCTIBLE |
|----------------|--------------------------------|------------|
| EARTHQUAKE | \$ | |
| FLOOD | \$ | |
| | \$ | |
| SPECIAL | | |
| BROAD | <input type="checkbox"/> BASIC | |

JOB TERM/VALUES

| JOB TERM | | CONTRACT AMOUNT | VALUE OF OWNER SUPPLIED PROPERTY |
|--------------|------------|-----------------|----------------------------------|
| COMMENCEMENT | COMPLETION | | |
| | | \$ | \$ |

SECURITY

DESCRIBE JOB SITE SECURITY

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: _____

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

| | |
|------------------------|------------------------|
| NAME & ADDRESS | NAME & ADDRESS |
| INTEREST | INTEREST |
| CERTIFICATION REQUIRED | CERTIFICATION REQUIRED |
| NAME & ADDRESS | NAME & ADDRESS |
| INTEREST | INTEREST |
| CERTIFICATION REQUIRED | CERTIFICATION REQUIRED |

TRANSPORTATION

| TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK. | | | |
|--|----------------------------|-------------------------------|-------------------|
| AMOUNT SHIPPED | % FOR APPLICANT'S VEHICLES | % BY COMMON/ CONTRACT CARRIER | DISTANCE INVOLVED |
| \$ | % | | |

RIGGING

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS