



COMMERCIAL BUILDERS RISK APPLICATION
ALL QUESTIONS MUST BE ANSWERED IN FULL AND
APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT

Date: _____

Proposed Effective Date: _____

Named Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

UNDERWRITING INFORMATION (answer all underwriting question on THE CONTRACTOR)

1. Name (if other than Named Insured): _____

_____ Include as Named Insured', owner, subcontractors of any tier in this project

2. Years in business: _____

3. Has Contractor built this type of building before? Yes No

4. Employee training program? Yes No

5. Loss prevention program? Yes No

6. Any builders risk losses in the past 3 years? Yes No If yes, please describe.

7. Any other accounts with this insurer? Yes No If yes, list policy numbers.

8. Number of jobs in the past 12 months? _____

9. Estimated annual receipts: \$ _____

CONSTRUCTION SITE INFORMATION

1. Project Name: _____

2. Location: _____

City: _____ County: _____

State: _____ Zip Code: _____

3. Construction Type: Frame Joisted Masonry Non-Combustible
 Fire Resistive Masonry Non-Combustible Other: _____

4. Roof Type: _____

5. Square Footage: _____

6. Number of stories: _____

7. Number of buildings: _____

8. Is this a remodeling/renovation project? Yes No If yes, provide full details of work to be done.

9. Intended use/occupancy of structure: _____

10. Protection Class: _____

11. Distance to fire hydrant: _____

12. Distance to Fire Department: _____

13. Fire extinguishers on site? Yes No

14. Inside city limits? Yes No

15. Is site located in a coastal county? Yes No

16. Unsupported walls temporarily braced? Yes No

17. Firewalls: Number of firewalls? _____ Firewall rating number of hours? _____

When will firewalls be put to use? _____

When will doors be installed? _____

18. Anticipated start date: _____

19. Anticipated completion date: _____

20. Site Security: No security Watchman/Guard - 24 hrs. Lighted Fenced

Watchman/Guard - night only Other: _____

21. Will sprinklers be activated during construction? Yes No

If yes, at what percentage of completion? _____

22. Will debris be removed daily? Yes No

23. Is this a design/build contract? Yes no

COVERAGE/LIMITS INFORMATION (see attached supplemental for "YES" responses)

1. Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 _____

2. Mortgagee/Loss Payee/Additional Interest:

Loan Number: _____

3. Owners Name/Mailing Address:

4. Estimated completed value \$ _____ to be adjusted by change orders.

By signing this application, I am attesting to the accuracy of information provided in this application and any attached supplements. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Applicant's Signature: _____

Title: _____ Date: _____

Retail Agent: _____

Contact: _____

Phone: (____) _____ Fax: (____) _____