



BUILDERS RISK SUPPLEMENTAL APPLICATION

Name and Address of Applicant:

Name:

Address:

City:

State:

Zip Code:

Name and Address of Producer:

Name:

Address:

City:

State:

Zip Code:

Billing Contact Name and Phone Number:

Applicant is:

Individual
Other:

Partnership

Corporation

Joint Venture

Interest of Applicant:

Owner

Contractor

Other:

Name and Address of Mortgagee:

Name:

Address:

City:

State:

Zip Code:

Loss Payable Interest:

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:

City:

State:

Zip Code:

Country:

Has contractor engaged in this type of project before?

Yes

No

If "yes", for how many years?

Contractor License Number:

Contractor Website Address:

Construction:

Frame

Joisted Masonry

NonCombustible

Masonry NonCombustible

Fire Resistive / Modified Fire Resistive

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 job site:

Will temporary heating be used?

Yes

No

If "yes", describe remarks:

Will the project site be Fenced?

Yes

No

Will the project site be Locked?

Yes

No

Will the project site be Lighted?

Yes

No

Will the Watchman be on premises during non-working hours?

Yes

No

Flood:

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/AI-30, AR/A, V, V1-30, VE, VO and D as designated by Federal Emergency Management Agency's National Flood Insurance Program

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

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

Earthquake Limit: \$

Deductible: \$

No Earthquake coverage applies for any Insured located 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:

Extra Expense: Annual or Full Dollar Amount * See Note Below

Construction Loan Interest \$

Real Estate and Property Taxes \$

Architect, Engineering and Consultant Fees \$

Legal and Accounting Fees \$

Builder's Risk Insurance Premium Change \$

Advertising and Promotional Expenses \$

Total Extra Expense Values: \$

Rental Income:

Total Rental Income Values \$

Limit of Insurance Requested for:

Extra Expense: \$

Rental Income: \$

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

Remarks:

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:
Agent Signature: _____ Date: