



Builders Risk Application

Insured Name _____

Address _____

Phone Number _____

Contact Name _____

Email _____

FEIN/Social _____

Is the builders name different than the named insured? _____

Does the builder have 2 years of experience? _____

Number of structures built/remodeled during the past twelve months? _____

Number of structures projected for the next twelve months? _____

Has the builder had any losses during the last 3 years? _____

Property State _____

Property County _____

Type of Project ___ New

___ Remodel excluding existing structure

___ Remodel including coverage for existing structure

Type of Property Residential or Commercial _____

Policy Effetive Date _____

Policy Period ___ 6 Months

___ 9 Months

___ 1 year

Property Address _____

What is the estimated completed value of all structures under construction within 100 feet? _____

Construction Material Wood Frame
 Joisted Masonry
 Non-combustible
 Masonry non combustible
 Fire resistive

Protection Class (Ask them to call the fire department closest to the location and verify the ISO Fire rating 1-9). _____

Year Structure was built? _____

Number of stories? _____

Intended Occupancy? _____

Will structure be occupied during construction? _____

Square footage including basement? _____

Any previous losses at this location as a result of quake, floor, wind, fire, or vandalism? _____

Has the project started? _____

Start Date? _____

Percent Complete? _____

Will renovations begin within 60 days of the policy effective date? _____

Expected completion date of the project? _____

Is there a sales contract on this structure? _____

Scope of Work –

Remodel- No structural changes, remodeling of interior finishes, exterior painting, replacement of interior fixtures, cabinets, flooring, etc

Remodel/Minor Structural- remodel work included above and minor exterior changes like doors, windows, skylights, roof replacement, ground floor additions, and all nonstructural HVAC, plumbing, electrical, etc.

Restructuring-repair, replace, remove load bearing walls, adding second stories, adding stairways or elevators, foundation work such as underpinning and dewatering

Description of Work to be performed _____

Dollar Figure for Renovation/Improvements? _____

Dollar Figure for Existing Structure? _____

Total Completed Value of All Covered Property? _____

Will the existing structure be insured by another policy during construction? _____

Does the building have an operable sprinkler system? _____

Is the structure on a historical registry? _____

Has the structure been moved? _____

Date the existing structure was purchased? _____

Brief description of existing structure. _____

Additional Interest Information

Interest Type Another Builder

Loss Payee

Mortgagee

Premium Finance Company

Name _____

Address _____

Phone _____

Fax _____