



## **BUILDERS RISK APPLICATION**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Policy Term Requested: \_\_\_\_\_ to \_\_\_\_\_

Description of Operations:

Applicant is: Individual Partnership Corporation Joint Venture.

Estimated start date of project:	Project currently under construction?	Yes	No
Estimated completion date of project:	If yes – original start date:		
Estimated term of construction:	Months	% completed:	Values completed:

**LIMITS OF LIABILITY REQUESTED:**

Total completed value of project:	\$	Temporary storage:	\$
Loss limit (if applicable):	\$	Transit:	\$
If renovations:	\$	value of existing structure (acv)	\$ cost of renovations (rc)

**OPTIONAL COVERAGES REQUESTED: (MUST BE CHECKED)**

Windstorm:	Is project location eligible for coverage in a wind pool?	Yes	No
	If yes – maximum limit available in wind pool?	\$	
Elevation of first finished floor?			
Softs costs:	\$	Loss of rents:	\$
(Must attach complete breakdown)		Loss of earnings:	\$

**DEDUCTIBLES REQUESTED: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)**

\$ 1,000	\$ 2,500	\$ 5,000	Other	\$
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**PROJECT INFORMATION:**

Location address:

Street address

City

County

State

Zip

Project type:

Residential:

Single family

Two family

Commercial:

Public protection class:

City limits:

Inside

Outside

Distance to nearest working public fire hydrant:

Distance to nearest responding fire department:

Distance from coastal waters:

Feet

Miles

Total sq. ft. area:

# of buildings:

Approximate distance between buildings:

# Of stories:

Intended occupancy:

Construction type:  
(Check one)

Frame

Walls are constructed of wood or other combustible materials, including when combined with other material such as brick veneer, stone veneer, wood ironclad or stucco on wood

Masonry Joist

Walls are constructed of masonry materials such as clay, adobe, brick, gypsum block, cinder block, hollow concrete block, stone, tile, glass block or other similar material and where the floors and/or roof are combustible

Noncombustible

Walls/floors/roof are constructed of and supported by metal, asbestos, gypsum or other non-combustible material

Masonry Noncombustible

Walls are constructed of masonry materials of the type described in masonry joist above but with a floor and roof constructed of metal of other non-combustible material

Fire Resistive

Walls/floors/roof are constructed of fire resistive materials having a resistance rating of not less than two (2) hours

Reference to walls means the structural frame and support walls. Reference to floors means the floors and supports. Reference to roof means the roof deck and supports

Nearest exposed structure:

Occupancy:

Distance to:

Construction type:

Are buildings transferred to permanent coverage once completed?

Yes

No

If yes to above – please indicate maximum # of bldgs. under construction at any one time and the corresponding values:

**SITE SECURITY:**

Site fenced?

Yes

No

Watchman service on site during all non-working hours?

Yes

No

Site lighted?

Yes

No

Hours on site?

**LOSS CONTROL:**

Debris removed from site at regular intervals?

Yes

No

Frequency:

Public water supply in service at site?

Yes

No

Brush area?

Yes

No

If yes – clearance from site?

## **MISCELLANEOUS:**

Provide any additional information available (windspeed design, special construction features, mortgage holder, loss payee, etc.):

### **Fraud Warnings**

**Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia 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 fines and confinement in prison.

**Notice to Colorado applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to Florida and Oklahoma 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)\*. \*Applies in Florida only.

**Notice to Kansas applicants:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Notice to Kentucky, New York, Ohio and 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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation). \*Applies in New York only.

**Notice to Maine, Tennessee, Virginia and Washington 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 (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in Maine only.

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

**Notice to Minnesota applicants:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 Oregon applicants:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Notice to applicants of all other states:** 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 the person to criminal and civil penalties.

**Representation Statement**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

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**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**AGENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**