

BUILDERS RISK APPLICATION

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP +4 (Of First Named Insured)				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	LLC	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	ID NUMBER	DATE BUS. STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	OTHER:			
INSPECTION CONTACT		PHONE (No., Extension):			INTEREST:	<input type="checkbox"/>	OWNER	GENERAL CONTRACTOR	
						<input type="checkbox"/>	OTHER:		

PROJECT INFORMATION

Location of Project:
(NUMBER, STREET, CITY, STATE & ZIP / BLOCK & LOT NO.) _____

Intended Occupancy: _____

Prior Occupancy: _____

Commencement Date of Construction: _____ Estimated Project Term: _____

Have permits already been obtained? Yes No (IF NO, ANSWER QUESTION BELOW)

If not, when is the estimated date that permits will be obtained? _____

Bid Situation: Date of Bid: _____	Mid-Term Situation: Please also fill out the Midterm Addendum
Ground-up Construction / New Construction	
<p>Renovation (Structural)*: INCLUDES BUT IS NOT LIMITED TO: MOVEMENT AND/OR REPLACEMENT OF LOAD-BEARING BUILDING FEATURES (WALLS, FLOOR BEAMS, BEAMS / COLUMNS, EXTERIOR WALLS); INSTALLATION OF A NEW ROOF, A NEW ELEVATOR SHAFT, NEW STAIRWELLS, ETC.</p> <p>If a recent purchase, how much was the existing structure purchased for? \$ _____</p> <p>Will any part of the structure be removed or demolished (including half or partial-stories)? Yes No</p> <p><u>Horizontal Extension(s):</u> (ADDITIONS / EXTENSIONS ON ONE (1) OR MULTIPLE FLOORS)</p> <p><u>Vertical Extension(s):</u> (ADDITIONAL STORIES ON A SECTION OF OR OVER THE ENTIRE STRUCTURE)</p>	
<p>Renovation (Non-Structural): DOES NOT INCLUDE "STRUCTURAL" WORK AS DESCRIBED ABOVE. INCLUDES COSMETIC AND NON-STRUCTURAL WORK.</p> <p>If a recent purchase, how much was the existing structure purchased for? \$ _____</p>	

Has another prospective carrier refused coverage (cancelled, declined or renewal refused)? Yes No

Applicant's previous (5-year) loss history for this type of coverage (whether covered by insurance or not): _____

Describe the Work to be Performed (including any custom work) and the Current Condition of the existing structure (if applicable): (PLEASE ATTACH PLOT PLAN, IF AVAILABLE)

Does the structure have Landmarked Designation? Yes No
 If yes, what features of the structure is the Landmark Preservation Commission asking to preserve? \$ _____

Is there currently any existing Fire, Water, Collapse Damage or any other prior loss damage? Yes No
 If yes, please describe:

Limits of Insurance desired applying to:

Existing Structures:	\$ _____	Valuation: _____	Deductible: \$ _____
New Construction (Improvements & Betterments):	\$ _____	_____	
Materials and Supplies while in:			
Transit:	\$ _____		
Temporary Storage:	\$ _____		

Coverage Options desired:

Soft Costs: (please attach Breakdown, if available)	\$ _____	Deductible: _____ Days
Rental Income:	\$ _____	_____ Days
Flood:	\$ _____	\$ _____
Earthquake:	\$ _____	\$ _____

<u>Construction Type:</u>	<u>Construction of:</u>	
Fire-Resistive	Floors: _____	Story Height: _____
Modified-Fire Resistive	Walls: _____	Total Square Feet: _____
Masonry Non-Combustible	Roof: _____	Story Height after renovations: _____
Non-Combustible	Year Built: _____	Total S.F. after renovations: _____
Joisted Masonry	Number of Elevators: _____	No. of Basement / Cellar levels: _____
Frame	Number of Atriums: _____	Will there be underground parking? Yes No
Other: _____		

Fire Protection at construction premises:

Number of hydrants within 500 ft: _____ Distance to fully operational hydrants: _____
 Municipality Public Protection Class: _____

Describe operational (throughout the project) fire protection facilities and/or equipment on site:
 (E.G. – AUTOMATIC SPRINKLER SYSTEM (WET, DRY CHEMICAL, ETC.), STANDPIPES, CENTRAL STATION / LOCAL FIRE ALARM, ADEQUATE NUMBER OF FIRE EXTINGUISHERS PER BUILDING CODE, ETC.)

At anytime will the describe fire protection be shut off? If yes, please describe when and for how long:

Describe exposures within 50 ft: _____

Security Protection at construction premises: *DURING NON-WORKING HOURS

Complete Perimeter Fencing (gates closed and locked)*?	Yes	No
Exterior Lighting (other than public streetlights)?	Yes	No
Guards / Watchmen*?	Yes	No
Existing Structures to be locked and secured*?	Yes	No
Surveillance Cameras (monitoring all entrances, exits and outside material storage areas)?	Yes	No
Burglar Alarm Type: _____		

Occupancy:

Will the structure be occupied at any time during the project term? Yes No

If yes, what is the % occupied? _____ Square Feet occupied? _____

If yes, describe the occupant(s) and where they will be located within the structure(s):

If yes, describe the Security and Fire protection of the occupant(s):

If yes, how will the occupant(s) be kept separated from areas under construction?

General Contractor / Architect Information:

Name and address of General Contractor: _____

General Contractor's Experience with similar projects:

Name and address of Architect and/or Design Engineer:

Architect / Design Engineer's Experience with similar projects:

Are interests of Sub-Contractors to be included? Yes No

If "Yes" list sub-contractors: _____

No. of Basement / Cellar levels:

Financing & Additional Interests:

Will there be underground parking? Yes No

Is the financing currently secured? Yes No

If yes, describe the financial source: _____

Mortgagee or Loss Payee (Name and Address): _____

Print Name: _____ Email: _____

Signature _____