



Builders Risk Application

Name of Applicant _____ Policy Effective Date _____

Address _____

Contact Name _____ Email Address _____



1. Type of policy (check one) New starts reporting (annual rate applies; complete question 13)
 Report location at inception (single shot; complete question 14)
 Blanket non-reporting (annual or modified rates may apply; complete questions 13 & 14)

2. If building in a name other than the first named insured, please specify _____

3. Will the insured do any remodel/renovation work? yes no
if yes, please complete question 19

4. Type of construction

_____ % of homes Wood Frame _____ % of homes Masonry Joist
_____ % of homes Other (provide description of other _____)

if two stories, construction of second story is Wood Frame Masonry Joist/Block
 Other:

5. Provide details for any Builder's Risk losses for the last three years.

Company Loss Runs must be provided (3 years minimum).

6. Do windows and doors remain locked after installation? yes no

7. All other perils deductible desired (check one) \$1,000 \$2,500 \$5,000 Other: _____

8. Theft deductible (must be equal to the AOP deductible, subject to a \$2,500 minimum)

\$2,500 (minimum) \$5,000 \$10,000



9. Limits of insurance If renewal, check to request limits per expiring

- a) Any one structure \$ _____ (up to \$10,000,000 TECV, includes all units on a single foundation)
- b) Any one occurrence \$ _____ (up to \$10,000,000 TECV)
- c) Property in transit \$ _____
- d) Property temporarily stored at other premises \$ _____
- e) Model home contents \$ _____ (excluded if not requested)
- f) Soft costs \$ _____

10. Flood coverage? (where available) yes no

11. Earth movement coverage? (not available in CA, excluding exterior masonry veneer) yes no

Add in exterior masonry veneer for earth movement coverage yes no

12. Fungi, Wet Rot and Dry Rot Increased Limit (\$15,000 sublimit of coverage included - up to \$50,000 available for an additional premium)

yes no limit desired: _____

13. Lawns, Trees, Shrubs & Plants Increased Limit (\$1,000 of coverage included - up to \$50,000 available for an additional premium)

yes no limit desired: _____

14. On-Site Construction and Office Trailers Increased Limit

yes no limit desired: _____

15. Building Ordinance and Law Coverage

yes no limit desired: Limit A _____ Limit B _____ Limit C _____

16. Discharge from Sewer, Drain or Sump (Not Flood Related - Up to \$100,000 Available)

yes no limit desired: _____



17. NEW STARTS: Please provide estimates for projected New Starts (by zip code and/or per county for the entire policy period. "New Starts" means a single-family dwelling, multi-family structure or commercial structure that began construction during the policy period. Check here if another sheet is attached for explanations

	Group 1	Group 2	Group3	Group 4	Group5
Type *					
City					
County					
State					
Zip code					
Distance to coastal water					
Protection class					
# of homes					
Estimated TECV per structure (do not include land) **					
Average build-to-sell time					
Estimated # of homes in progress at one time					

18. EXISTING INVENTORY: If blanket coverage is requested and coverage for existing inventory is desired, please provide details listing ALL existing inventory below, or attach a separate list. If Single Shot, list covered addresses below. Existing inventory means single-family dwellings, model homes, model home leasebacks, multi-family structures and commercial structures that began construction prior to the policy's inception date. This includes homes that are completed as well as homes currently under construction. Check here if separate list is attached

	Inventory 1	Inventory 2	Inventory 3	Inventory 4	Inventory 5
Type*					
Street address					
City					
State					
Zip code					
Distance to coastal water					
Protection class					
Estimated TECV per structure (do not include land) **					
Original start date					
Projected date of close					

*Type: A = Single-family dwelling C = Commercial (other than apartments) B = Multi-unit structure D = Model homes E = Model home leaseback
 **TECV stands for "Total Estimated Completed Value"



19. RENOVATION / REMODEL WORK Check here if separate list is attached

	Inventory 1	Inventory 2	Inventory 3	Inventory 4	Inventory 5
Type*					
Street address					
City					
State					
Zip code					
Distance to coastal water					
Protection class					
Estimated TECV per structure (do not include land) **					
Original start date					
Projected date of close					

20. Is the insured a current member of a home builders association? yes no
if yes, please indicate which association

21. Is profit included or excluded from the TECV figures shown? included excluded

Signatures

Your signature authorizes Insurance Specialty Group LLC to conduct an investigation of the applicant's activities, make inquiries and obtain credit reports as may be necessary for its determination of the applicant's financial and technical ability to meet its obligations to homeowners, insurance carrier/s and the Risk Retention Group/s. Your signature also authorizes the underwriter of the "APP" program and the CGL carrier to access all information in the possession of ISG related to applicant's claims and/or complaints associated with 2-10 HBW Warranty.

Any person who knowingly and with intent to defraud any insurance company or another 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 (NY: Substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied). IN FLORIDA, 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.

Signature of applicant (must be officer or owner)

Date

Printed name of applicant

Title

Please return this application to your insurance agent or broker.
Insurance Specialty Group | 3301 Windy Ridge Parkway, Suite 100 | Atlanta, GA 30339 | Phone:
678-742-6300 | Phone: 678-742-6300