



## Builder's Risk Application: Ground-Up Construction

*See separate application for Renovation and Rehabilitation projects  
Only complete the Prior Start Construction section if applicable*

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Producer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant is:  individual  partnership  corporation  other \_\_\_\_\_

Interest of Applicant:  owner  contractor  other \_\_\_\_\_

Name and Address of Mortgagee \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Loss Payable Interest \_\_\_\_\_

Inspection Contact and Phone Number \_\_\_\_\_

Policy Term: From \_\_\_\_\_ To \_\_\_\_\_

Estimated Time to Complete Project \_\_\_\_\_

Describe the nature and extent of work to be performed

Address of Project \_\_\_\_\_

### I. Limits Of Insurance

- 1. a) \$ \_\_\_\_\_ At the project site
- b) \$ \_\_\_\_\_ In temporary storage at any location other than the project site
- c) \$ \_\_\_\_\_ While in Transit
- d) \$ \_\_\_\_\_ Soft Cost
- h) \$ \_\_\_\_\_ Loss of Rents Limit
- i) \$ \_\_\_\_\_ Flood Limit
- j) \$ \_\_\_\_\_ Earthquake Limit

2. Deductible:  
Frame and Joisted Masonry Construction subject to a \$5,000 minimum deductible.  
 \$1,000  \$2,500  Other \_\_\_\_\_

Does limit include profit?  yes  no



## II. Contractor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Has the contractor engaged in this type of project before?  yes  no  
If yes, for how many years? \_\_\_\_\_

2. Contractor License Number \_\_\_\_\_

3. Contractor Website Address \_\_\_\_\_

## III. Construction

- Frame  Joisted Masonry  NonCombustible
- Masonry Noncombustible  Fire Resistive / Modified Fire Resistive

1. Total Square Feet \_\_\_\_\_

2. Number of floors above ground \_\_\_\_\_

3. Number of floors below ground \_\_\_\_\_

4. Is construction lift slab, tilt-up or prototype?  yes  no

5. Are pilings used?  yes  no

6. Is the project on filled land? (If yes, please attach geo-technical report.)  yes  no

7. Number of buildings \_\_\_\_\_

8. If the project value is more than \$10M, attach a plot plan and construction schedule.

## IV. Protection

1. Distance to operating fire hydrant \_\_\_\_\_ ft.

2. Will the project site be fenced?  yes  no

3. Will the project site be locked?  yes  no

4. Will the project site be lighted?  yes  no

5. Will a watchman be on the premises during non working hours?  yes  no

## V. Protection

1. Original start date of construction? \_\_\_\_\_

2. a) % of project that has been completed? \_\_\_\_\_

b) Value of portion of project that has been completed? \_\_\_\_\_

c) Estimated time needed to complete project? \_\_\_\_\_

d. Details of construction completed to date



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3. Was there coverage in place prior to your request?

yes  no

If yes, why is that coverage not being renewed or being cancelled?

4. If no prior coverage, why the delay in placing coverage?

5. Has there been a change in the contractor?

yes  no

If yes, why? \_\_\_\_\_

6. Have there been any losses at the project site to date?

yes  no

If no losses, please attach a "No Loss" letter signed by the insured.

If yes, please give details of each loss

## Signatures

\_\_\_\_\_  
Signature of Applicant (must be officer or owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title