



BUILDERS RISK

APPLICATION

Name and Address of Applicant: _____

Name and Address of Agent: _____

2. Interest of Applicant: Owner Contractor Other _____

3. Inspection Contact: _____ Telephone: _____

4. Mortgage/Loss Payee: _____

5. Policy Term: From _____ To _____

Deductible: \$1,000 \$2,500 Other \$ _____

Description of Project:

Location of Project:

Limits of Insurance \$ _____

Contractor

1. Name/Address _____

2. Has contractor engaged in this type of project before? Yes No If Yes, for how many years? _____

Construction

1. Fire Resistive/Modified Fire Resistive Masonry Noncombustible Noncombustible

Joisted Masonry Frame

2. Estimated time to complete project _____ months Total square footage _____ Number of floors _____

3. Intended occupancy when completed _____

4. Type of project: Ground-up Construction Renovation/Rehabilitation*

5. Is construction lift slab, tilt-up or prototype? Yes No

6. Is project on filled land? Yes No If Yes, are pilings used? Yes No

7. Has any construction work started yet? Yes If Yes, risk is not eligible.

**Must complete Renovation Section of this Application*

Protection

1. Distance to operating fire hydrant _____

2. Town Protection Class _____

3. Will temporary heating be used? Yes No If Yes, described. _____

4. Will the project site be: Fenced? Yes No Locked? Yes No Lighted? Yes No

5. Will the watchman be on premises during non-working hours? Yes No

Soft Costs

1. Is Soft Cost coverage desired? Yes No If Yes, check the type desired.

Construction Loan Interest

Real Estate and Property Taxes

Architect, Engineering and Consultant Fees

Legal and Accounting Fees

Builder's Risk and other Insurance Premium Charges

Advertising and Promotional Expenses

2. Limit of Insurance requested for Soft Cost Coverage \$ _____

Renovation Section:

- 1. What is the purchase price of the building? \$ _____
Does this include the value of the land where building is situated? Yes No
If yes, please give an approximate value of the land. \$ _____
- 2. What limit is being requested on: Existing Building \$ _____ New construction work \$ _____
- 3. Does the property have an historical designation? _____
- 4. Does the property have any ornamental facades, fixtures, stained glass or other appointments that have a special or increased value? Yes No If so, please give full specifics (description and values).

- 5. Has any renovation/construction work started yet? Yes If Yes, risk is not eligible.
- 6. Is any work being done to any structure load bearing members? Yes No
- 7. Will any of the following systems be completely removed/replaced:
Electrical _____ Sprinkler/Standpipes _____
Heating _____ Air Conditioning _____
Plumbing _____ Roof _____
- 8. What are the exterior exposures and what are their distance from this building? Are adjacent buildings vacant or unoccupied? _____

- 9. What is the general condition of the surrounding area? _____

- 10. What fire and burglary detection systems and measures will be in place and operational during construction

- 11. What are the prospective occupancies and will there be any occupants during construction? _____

- 12. What occupancy was the building originally designated for and what type of occupancy did this building have immediately before this renovation? _____

- 13. What is the Insured's experience in conducting renovation projects? _____

- 14. What is the contractor's experience in this type of project? _____

Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.
NAME OF AUTHORIZED AGENT OR BROKER _____
ADDRESS _____
MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR BROKER TO:

Agent's Signature Date

Insured's Signature Date