



## BUILDERS' RISK COVERAGE GROUND-UP CONSTRUCTION SUPPLEMENTAL APPLICATION

### Section I – General Information

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

Mailing Address: \_\_\_\_\_  
*Street City State Zip Code*

Requested Effective Date: \_\_\_\_\_

Applicant is:  Project Owner  General Contractor  Other:

### Section II – Contractor Information

Name of General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

1. Contractor License #: \_\_\_\_\_

2. Contractor Website Address: \_\_\_\_\_

3. Number of Years of Experience in Performing this type of Construction: \_\_\_\_\_

### Section III – Project Information

1. Project Address: \_\_\_\_\_  
*Street Address Block # Lot #*

\_\_\_\_\_ *City State County ZipCode*

2. Project Site Protection Class: \_\_\_\_\_ Distance to nearest Fire Hydrant: \_\_\_\_\_

3. Original Construction Start Date: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

4. Has Construction already begun?  Yes  No If yes, Percentage Complete: \_\_\_\_\_

5. Intended Occupancy:  Single Family Dwelling  Condo/Townhouse  Apartment Complex  
 Commercial – describe: \_\_\_\_\_

6. Catastrophe Limit: \$ \_\_\_\_\_

7. Please provide the following information for each building that you are requesting coverage for:

Building #	Construction Type*	Limit of Insurance	# of Units	Total # of Square Feet	# of Floors Above Ground	# of Floors Below Ground

\*Please fill in one of the following Construction Types:

Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible, Fire Resistive, Modified Fire Resistive.

8. Requested Deductible:  \$2,500  \$5,000  \$10,000  \$15,000  \$25,000

9. Indicate if a quote for any of the following Coverages is desired (\*A separate Deductible may apply):

Earthquake Limit: \$ \_\_\_\_\_

Flood Limit: \$ \_\_\_\_\_



- Equipment Breakdown Limit: \$ \_\_\_\_\_
- Delay in Completion Coverage - Additional Construction Expenses (Advertising, Design Fees, Financing, Lease Administration, Professional Fees, Permit Fees) \$ \_\_\_\_\_
- Delay in Completion Coverage - Additional Soft Costs (Interest Payments, Realty Taxes, Lease Expenses, Insurance Premiums) \$ \_\_\_\_\_
- Delay in Completion Coverage – Rental Income \$ \_\_\_\_\_
- Delay in Completion Coverage – Income Coverage \$ \_\_\_\_\_
- Increased Supplemental Coverage: In-Transit \$ \_\_\_\_\_
- Increased Supplemental Coverage: Temporary Storage \$ \_\_\_\_\_

If additional coverage is requested provide exposure and underwriting information.

10. Are any unusual or experimental Construction Techniques being used?  Yes  No  
**A.** If yes, please explain: \_\_\_\_\_
11. Are pilings being used?  Yes  No
12. Were site/soil evaluations performed at the project site prior to beginning construction?  Yes  No
13. Is this a Fast Track Construction Project?  Yes  No
14. Indicate which protective safeguards exist:

Protective Safeguard	Protective Safeguard	Will these be Operational for the entire length of project?
<input type="checkbox"/> Project Site Locked	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lighting	<input type="checkbox"/> Central Station Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fencing	<input type="checkbox"/> Central Station Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Security Guards	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Other (describe):	

15. Fire watch is kept for how many hours after cutting/welding operations are performed? \_\_\_\_\_
16. How are gas cylinders or flammable liquids stored at the project site?  N/A \_\_\_\_\_
17. Are any project materials being stored off-site? **If yes, please answer A-C below.**  Yes  No  
**A.** Address of storage location: \_\_\_\_\_  
**B.** Description of project materials being stored offsite: \_\_\_\_\_  
**C.** Materials are moved between storage site and project site via:  Common Carrier  Owned Vehicles

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon local statute, be grounds for imprisonment, fines or rescission of the insurance policy.

<i>Applicant's Signature</i>	<i>Date</i>
<i>Applicant's Name</i>	<i>Applicant's Title</i>
<i>Producer's Signature</i>	<i>Producer's Name</i>