



BUILDERS' RISK COVERAGE RENOVATION AND REHABILITATION 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 – Contractors Information

Name of General Contractor: _____

Address: _____
Street City State Zip Code

Contractor License #: _____ Website Address: _____

Number of Years of Experience in Performing this type of Construction: _____

Section III – Requested Coverages

1. Building Materials (New) Limit: \$ _____ Existing Building Limit: \$ _____

2. Catastrophe Limit: \$ _____

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

4. 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.

Section IV – Project Information

1. Project Address: _____
Street City State Zip Code

2. Protection Class: _____ Distance to nearest Fire Hydrant: _____

3. Has Construction already begun? Yes No If yes, Percentage Complete: _____

4. Original Construction Start Date: _____ Estimated Date of Completion: _____

5. Construction Type: Frame Masonry Non-Combustible Non-Combustible
 Joisted Masonry Fire Resistive

6. Original Year Built: _____

7. Total # of Square Feet: _____ Total # of Units: _____

8. Number of Floors Above Ground: _____ Number of Floors Below Ground: _____



9. Intended Occupancy: Single Family Dwelling Condo/Townhouse Apartment Complex
 Commercial – describe: _____
10. Indicate each type of work being provided at this project site:
 Remodel - Interior Finish Remodel - Minor Structural
 Restoration/Major Structural New Addition (i.e. For Tie-In)
11. Please provide a detailed description of the Renovations: _____

12. Is the structure currently occupied? Yes No
A. If yes, describe type of occupancies: _____
13. Do any of the buildings have a historical designation? Yes No
14. Do any of the existing buildings have unusual architectural or structural features? Yes No
15. Are any unusual or experimental Construction Techniques being used? Yes No
***If Yes to #13, 14 or 15 above attach a separate page explaining.*
16. Are pilings being used? Yes No
17. Were site/soil evaluations performed at the project site prior to beginning construction? Yes No
18. Is this a fast track construction project? Yes No
19. Indicate which protective safeguards exist at the jobsite:

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): _____	

20. Fire watch is kept for how many hours after cutting/welding operations are performed? _____
21. How are gas cylinders or flammable liquids stored at the project site? N/A _____
-
22. How frequently is debris removed from the project site: _____
23. 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>