**BUILDERS RISK PROGRAM APPLICATION**

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| Applicant’s Name:       Mailing Address:                     Location Address:               | Agency Name:       Agent No.:       Address:              E-mail:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:** (check all that apply)

[ ]  Developer [ ]  General Contractor [ ]  Owner [ ]  Tenant/Occupant

[ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture [ ]  Limited Liability Company

[ ]  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Coverages and Coinsurance:**

Indicate limits for new construction or renovation/remodel. If existing structures are being insured on this policy with renovation/remodel, limits must add up to one hundred percent (100%) of the completed value.

| **Coverages** | **Total Limits/Coinsurance** |
| --- | --- |
| New Construction Covered Property (Building, Equipment and Supplies): | $      |
| Renovation/Remodel Property (Building, Equipment and Supplies):Existing Structure ACV       Replacement       | $     $      |
| Property At Off-site Temporary Storage or Staging Locations: | [ ]  $5,000 included[ ]  Other $      |
| Signs (not attached or part of a building):Maximum value per sign $      | $      |
| Debris Removal—Additional Amount:(twenty-five percent [25%] per coverage form included) | $      |
| Lawns, Trees, Shrubs or Plants Outside the Building: | [ ]  $1,000 included[ ]  Other $      |
| Pollutant Cleanup and Removal Twelve (12) Month Policy Aggregate: | $10,000 included |
| Fire Department, Police Department or Emergency First Responder Service Charge: | [ ]  $1,000 included[ ]  Other $      |
| Fungi, Wet Rot Or Dry Rot Twelve (12) Month Policy Aggregate: | $10,000 included |
| Business Income and/or Extra Expense: | $      |
| Rental Value: | $      |
| Soft Costs: | $      |
| Property In Transit (excluding while waterborne): | [ ]  $5,000 provided[ ]  Other $      |
| Property in Transit (while waterborne—Inland waterways only):Advise waterways utilized:       | $      |
| Ordinance or Law: | [ ]  Coverage A[ ]  Coverage B[ ]  Coverage C |
| Equipment Breakdown (Sublimits of $100,000 apply to Expediting Expense, Hazardous Substances and Data Restoration): | [ ]  Yes [ ]  No |
| **All Covered Property In Any One Occurrence** | $      |
| Coinsurance |      % |

**1. Applicant’s Business:**       **Number of Years in Business:**

**2. Inspection Contact Name:**

**E-mail Address:**       **Telephone Number:**

**3. Has applicant declared bankruptcy or been in receivership within the past five years?** [ ]  Yes [ ]  No

If yes, provide date(s):

**4. Is applicant a general contractor?** [ ]  Yes [ ]  No

If no:

|  |
| --- |
| **a.** Advise name of general contractor for construction project:       |

|  |
| --- |
| **b.** Advise experience of general contractor:       |

|  |
| --- |
| **c.** Advise three-year loss history of general contractor:       |

**d.** Advise website of general contractor:

**Property Coverage Details:**

**5. Mortgagee Name:**

**Address:**

**6. Deductible:** [ ]  $1,000 [ ]  Other:

**7. Protection Class:**

**8. Number of Stories:**

**9. Age of building:**

**10. Total square footage of building:**

**11. Construction:** [ ]  Frame [ ]  Joisted Masonry [ ]  Fire Resistive [ ]  Masonry Non-combustible

[ ]  Modified Fire Resistive [ ]  Non-combustible [ ]  Other:

**12. Building’s intended usage at completion?**

**13.** **What are planned dates of construction?** Begin:       End:

**14.** **Has any construction/renovation/remodel operations already started?** [ ]  Yes [ ]  No

If yes:

**a.** Percentage:      %

**b.** How long has the project been dormant and/or abandoned?

**c.** Why was the project delayed?

**d.** Has there been a change in the General Contractor? [ ]  Yes [ ]  No

**15.** **Will any portion of the structure be occupied prior to completion of the project?** [ ]  Yes [ ]  No

If yes, advise details:

**PROTECTION OF PROPERTY**

**16.** **Is guard service employed?** [ ]  Yes [ ]  No

If yes, what hours of the day?

**17.** **Is there security lighting at the job site?** [ ]  Yes [ ]  No

**18.** **Is the job site fenced?** [ ]  Yes [ ]  No

If yes, height of fencing:

|  |
| --- |
| **19**. **If the applicant has hazardous or flammable materials stored at the jobsite, what are they and what storage controls are in place to prevent fire potential?**       |

**20.** **Are licensed riggers used if hoisting or rigging is necessary?** [ ]  Yes [ ]  No

**21.** **Are** **there portable fire extinguishers located at the construction site?** [ ]  Yes [ ]  No

**22. Any building supplies or materials transported by air?** [ ]  Yes [ ]  No

**23.** **At the job site:**

**a.** What is the distance in feet to the nearest fire hydrant?

**b.** What is the distance in miles to the nearest responding fire department?

**24.** **Has a released bill of lading from the carriers been obtained in the event transportation is by common or contract carrier at the applicant’s risk?** [ ]  Yes [ ]  No

**PRIOR COVERAGE AND LOSS HISTORY**

**25. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**26. Prior Carrier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year:**      | **Year:**      | **Year:**      |
| **Carrier** |       |       |       |
| **Policy No.** |       |       |       |

**27. Loss History:**

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| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.** [ ]  Check if no losses in the last three years. |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

**28. Renovation/Remodel Operations:**

**a.** Structural or Non-Structural?

**b.** Any hot work (i.e., cutting, torch work, welding, bracing, soldering, grinding, thermal spraying and sweating of pipes)? [ ]  Yes [ ]  No

**c.** Any electrical work? [ ]  Yes [ ]  No

**d.** Is the interior of the project one hundred percent (100%) deadbolt-locked? [ ]  Yes [ ]  No

**e.** Is there an operating central station burglar alarm? [ ]  Yes [ ]  No

**f.** Is there an operating central station fire alarm? [ ]  Yes [ ]  No

**g.** Are recognized approved fire extinguishers on premises? [ ]  Yes [ ]  No

**h.** Are the standpipes operational and filled with water? [ ]  Yes [ ]  No

 **i.** Is the structure sprinklered? [ ]  Yes [ ]  No

If yes, is system turned on? [ ]  Yes [ ]  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |