

# Commercial Builders Risk Application

Agency Name \_\_\_\_\_

Producer # \_\_\_\_\_ Date \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_

Named Insured \_\_\_\_\_

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

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

## UNDERWRITING INFORMATION *(answer all underwriting questions on THE CONTRACTOR)*

1. Name (if other than named insured) \_\_\_\_\_

2. # of yrs in business: \_\_\_\_\_ 3. Has contractor completed this type of project before? • Yes • No

4. Employee training? • Yes • No

5. Loss prevention program? • Yes • No

6. Any builders risk / installation losses for the past 3 years? • Yes • No ***If yes, describe loss(es):***

7. Does this contractor have any other policies with your agency? • Yes • No *(if yes, describe)*

8. Average # of jobs in last 12 months? \_\_\_\_\_ 9. Estimated annual receipts:\$ \_\_\_\_\_

10. Have any of the interested parties ever filed bankruptcy? • Yes • No *(if yes, who and when?)*

11. How is this project being financed? \_\_\_\_\_

## CONSTRUCTION SITE INFORMATION

1. Location: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Construction type: • Frame • Joisted Masonry • Non-Combustible  
• Masonry Non-Combustible • Fire Resistive

3. Roof type: \_\_\_\_\_ Floors: \_\_\_\_\_ Support Framing/Studs: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

4. Square footage: \_\_\_\_\_

5. # of stories: \_\_\_\_\_

6. Is this a remodeling/renovation/installation project? • No • Yes ***(If yes, complete Addition/Renovation/Installation Checklist)***

7. Intended use / occupancy of structure: \_\_\_\_\_

8. Protection Class \_\_\_\_\_ 9. Distance to fire hydrant \_\_\_\_\_ 10. Distance to fire dept. \_\_\_\_\_

11. Is site located in a coastal county? • No • Yes (***If yes, complete Supplemental Checklist for Coastal Exposures***)

12. Firewalls: number of firewalls? \_\_\_\_\_ Firewall rating # of hours? \_\_\_\_\_

When will firewalls be put in use? \_\_\_\_\_ When will doors be installed? \_\_\_\_\_

13. Anticipated start date: \_\_\_\_\_ 14. Anticipated completion date: \_\_\_\_\_

15. Site security: • No security • Watchman/guard 24 hrs • Watchman/guard night only  
• Lighted • Fenced • Other \_\_\_\_\_

16. Will sprinklers be activated during construction? • No • Yes

*If yes, at what percentage of completion?* \_\_\_\_\_

17. Will debris be removed daily? • No • Yes

**COVERAGE / LIMITS INFORMATION**

1. Deductible: • \$1,000 • \$2,500 • \$5,000 • \$10,000 • \$25,000 • Other \_\_\_\_\_

2. • Mortgagee / • Loss Payee / • Additional Interest \_\_\_\_\_

3. Owners Name/Mailing Address \_\_\_\_\_

4. Estimated completed value \$ \_\_\_\_\_

5. Transit coverage: • None • \$25,000 • Other \_\_\_\_\_

6. Property temporarily at other locations: • None • \$25,000 • Other \_\_\_\_\_

7. Testing coverage? • No • Yes Limit \$ \_\_\_\_\_

*If yes, provide details:* \_\_\_\_\_

8. Water/Flood? • No • Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

9. Earth movement? • No • Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

10. Business income: Loss of income \$ \_\_\_\_\_ Loss of rents \$ \_\_\_\_\_

11. Soft cost limit: \$ \_\_\_\_\_ (*Attach breakdown*)