



**BUILDERS RISK PROGRAM APPLICATION**

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 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 & 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/<br>Coinsurance   |
|---|--|
| New Construction Covered Property (Building, Equipment & Supplies):   | \$   |
| Renovation/Remodel Property (Building, Equipment & Supplies):<br>Existing Structure    ACV _____    Replacement _____ | \$<br>\$   |
| Property At Offsite Temporary Storage or Staging Locations: _____   | <input type="checkbox"/> \$5,000 included<br><input type="checkbox"/> Other \$ |
| Signs (not attached or part of a building):<br>Maximum value per sign \$ _____  | \$   |

|   |   |
|---|---|
| Debris Removal—Additional Amount:<br>(twenty-five percent [25%] per coverage form included.)                            | \$  |
| Lawns, Trees, Shrubs or Plants Outside the Building:  | <input type="checkbox"/> \$1,000 included<br><input type="checkbox"/> Other \$                                    |
| Pollutant Cleanup and Removal Twelve (12) Month Policy Aggregate:   | \$10,000 included   |
| Fire Department, Police Department or Emergency First Responder Service Charge:   | <input type="checkbox"/> \$1,000 included<br><input type="checkbox"/> 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):   | <input type="checkbox"/> \$5,000 provided<br><input type="checkbox"/> Other \$                                    |
| Property in Transit (while waterborne—Inland waterways only):<br>Advise waterways utilized: _____                       | \$  |
| Ordinance or Law:   | <input type="checkbox"/> Coverage A<br><input type="checkbox"/> Coverage B<br><input type="checkbox"/> Coverage C |
| Equipment Breakdown (Sublimits of \$100,000 apply to Expediting Expense,<br>Hazardous Substances and Data Restoration): | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>All Covered Property In Any One Occurrence</b>   | \$  |
| 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. **Construction:**  Frame  Joisted Masonry  Fire Resistive  Masonry Non-combustible  
 Modified Fire Resistive  Non-combustible  Other: \_\_\_\_\_

10. **Building's intended usage at completion?** \_\_\_\_\_

11. **What are planned dates of construction?** Begin: \_\_\_\_\_ End: \_\_\_\_\_

12. **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

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

If yes, advise details: \_\_\_\_\_

**PROTECTION OF PROPERTY**

14. **Is guard service employed?** .....  Yes  No

If yes, what hours of the day? \_\_\_\_\_

15. **Is there security lighting at the job site?** .....  Yes  No

16. **Is the job site fenced?** .....  Yes  No

If yes, height of fencing: \_\_\_\_\_

17. **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?** \_\_\_\_\_

18. **Are licensed riggers used if hoisting or rigging is necessary?** .....  Yes  No

19. **Are there portable fire extinguishers located at the construction site?** .....  Yes  No

20. **Any building supplies or materials transported by air?** .....  Yes  No

21. **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? \_\_\_\_\_

22. **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**

23. **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

If yes, explain: \_\_\_\_\_

24. **Prior Carrier Information:**

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

**25. Loss History:**

| 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. <input type="checkbox"/> Check if no losses in the last three years. |                     |             |                 |                               |
|--|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss   | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|  |                     |             |                 |                               |
|  |                     |             |                 |                               |
|  |                     |             |                 |                               |
|  |                     |             |                 |                               |
|  |                     |             |                 |                               |

**26. 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 to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ AGENT'S LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida agents only)

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_



## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

| Loc. No.            | Street, City, County, State, Zip Code                           |                         |                 |                       |                                       | Interest          | Part Occupied             |
|---------------------|---|-------------------------|-----------------|-----------------------|---------------------------------------|-------------------|---------------------------|
|                     |   |                         |                 |                       |                                       |                   |                           |
|                     |   |                         |                 |                       |                                       |                   |                           |
| <b>Premises No.</b> | <b>Exposure</b>   | <b>Amount Requested</b> | <b>Coins. %</b> | <b>ACV/Repl. Cost</b> | <b>Cause of Loss</b>                  | <b>Deductible</b> | <b>Special Conditions</b> |
|                     | Building  | \$                      |                 |                       |                                       | \$                |                           |
|                     | Contents  | \$                      |                 |                       |                                       | \$                |                           |
|                     | Business Interruption   | \$                      |                 |                       |                                       | \$                |                           |
|                     | Other   | \$                      |                 |                       |                                       | \$                |                           |
| <b>Bldg. No.</b>    | Mortgagee or loss payee:  |                         |                 |                       |                                       |                   |                           |
|                     | Additional coverages, restrictions and endorsement information: |                         |                 |                       | Other carriers participating on risk: |                   |                           |
|                     |   |                         |                 | 1. _____ %            |                                       |                   |                           |
|                     |   |                         |                 | 2. _____ %            |                                       |                   |                           |

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

| Limits of Liability Requested                     |    | Premiums                      |
|---|----|-------------------------------|
| General Aggregate                                 | \$ | Premises/Operations           |
| Products & Completed Operations Aggregate         | \$ | \$                            |
| Personal & Advertising Injury                     | \$ | Products/Completed Operations |
| Each Occurrence                                   | \$ | \$                            |
| Fire Damage (any one fire)                        | \$ | Other                         |
| Medical Expenses (any one person)                 | \$ | \$                            |
| Other Coverages, Restrictions and/or Endorsements | \$ | Total                         |
| <b>Deductible</b>                                 | \$ | \$                            |

**Schedule of Hazards**

| Loc. No. | Classification | Class. Code | Premium Bases:<br>(s) Gross Sales; (p) Payroll;<br>(a) Area; (c) Total Cost;<br>(t) Others | Terr. | Rate       |                     | Premium    |                     |
|----------|----------------|-------------|--|-------|------------|---------------------|------------|---------------------|
|          |                |             |  |       | Prem./Ops. | Products/Comp. Ops. | Prem./Ops. | Products/Comp. Ops. |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |

6. Previous carrier and loss information (last three years):

Check if no losses last three years

| Year  | Company | Policy No. | Premium | Date of Loss  | Losses Paid/Reserved | Description of Loss |
|---|---------|------------|---------|---|----------------------|---------------------|
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |
| Any other insurance with this company or being submitted?<br>(Please list name[s] and/or policy number[s]): |         |            |         | Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri) |                      |                     |
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |

This application does not bind YOU nor US 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 each such violation.

**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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

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.