



BUILDER'S RISK APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

Name and Address of Applicant: _____

Interest of Applicant: Owner Contractor Other _____

Mortgagee/Loss Payee _____

Policy Term: From _____ To _____

Deductible: \$1,000 \$2,500 Other _____

Description of Project: _____

Location of Project: _____

Limits of Insurance: \$ _____

Contractor

1, Name/Address _____

2. Has contractor engaged in this type of project before? Yes No If Yes, for how many years? _____

CONSTRUCTION

1, Fire Resistive/Modified Fire Resistive Masonry/Noncombustible Noncombustible

Joisted Masonry Frame

2. Estimated time to complete project _____ months 3. Total square footage _____ 4. # of floors _____

5. Intended Occupancy when completed _____

6. Type of Project: Ground-Up Construction Modular Renovation/Rehabilitation* Addition

If modular, indicate the manufacturer's name and website or telephone number _____

7. Is construction Lift Slab Tilt-Up Prototype

8. Is project on filled land? Yes No If Yes, are pilings used? Yes No

*MUST COMPLETE RENOVATION/REHABILITATION SECTION OF THIS APPLICATION ON PAGE 2

PROTECTION

1. Distance to operating hydrant _____ 2. Town Protection Class _____

3. Will temporary heating be used? Yes No If Yes, Describe _____

4. Will the project site be: Fenced? Yes No Locked? Yes No Lighted? Yes No

5. Will there be a watchman on premises during non-construction hours? Yes No If yes, describe _____

SOFT COSTS

- Is Soft Cost coverage desired? Yes No If yes, check the type desired, and indicate limit _____
- Construction Loan Interest Real Estate and Property Taxes Architect, Engineering and Consultant Fees
- Legal and Accounting Fees Builder's Risk and Insurance Premium Charges Advertising and Promotional Expenses

RENOVATION/REHABILITATION SECTION

1. What is the purchase price of the building? \$ _____
Does this include the value of the land where the building is situated? _____
If yes, please give an approximate value of the land? _____
2. What limit is being requested on? Existing Building: \$ _____ New Construction: \$ _____
3. Does the property have any historical designation? _____
4. Does the property have any ornamental facades, fixtures, stained glass or other appointments? Yes No
If yes, please provide specifics including description and value _____

5. Is any work being done to any load bearing structure? Yes No If so, describe _____

6. Will any of the following systems be completely removed or replaced?
Electrical _____ Sprinkler/Standpipes _____
Heating _____ Air Conditioning _____
Plumbing _____ Roof _____
7. What are the exterior exposures and what are their distance from this building? _____
8. Are adjacent buildings vacant or unoccupied? _____
9. What is the general condition of the surrounding area? _____

10. What fire and burglary detection systems and measures will be in place and operational during construction? _____

11. What are the prospective occupancies? _____
12. Will there be any occupants during construction? Yes No If yes, describe _____
13. What was the original building's occupancy designation? _____
14. What was the type of occupancy immediately before renovation or rehabilitation? _____
15. What is the insured's experience in renovation projects? _____
16. What is the contractor's experience in this type of project? _____

Agent's Signature

Date

Insured's Signature

Date