Builder's Risk Product

BUILDER'S RISK - NEW CONSTRUCTION APPLICATION

Please complete all sections of this application and have signed by the applicant.

1. Name and Address of Applicant: _____
2. Interest of Applicant: ❑ Owner ❑ Contractor ❑ Other _____
3. Inspection Contact Name: _____ E-mail: _____ Website: _____
   Inspection Contact Phone Number: _____
4. Is this a single building? ❑ Yes ❑ No
5. Complete Location Address of Project to be Covered (complete a separate application for each location):
   _____
6. Description of Project: _____
   Number or Stories: _____
7. Is this Ground Up Construction? ❑ Yes ❑ No
   (If No, Complete our Building Renovation Application)
8. Has any construction work started yet? ❑ Yes ❑ No
   (If Yes, risk is ineligible)
9. Construction
   ❑ Frame or Brick Veneer ❑ Masonry Noncombustible ❑ Noncombustible
   ❑ Joisted Masonry ❑ Fire Resistive
10. Protection Class (circle) 1 2 3 4 5 6 7 8 9 10
11. Final Construction Cost (Limit desired) $_____ 11 a.) Square Footage_____
    Deductible Desired $_____
12. Time needed to complete project _____ Policy Term desired: ❑ 3months ❑ 6months ❑ 9months ❑ 12months
13. Contractor: Name/Address _____
14. How long has contractor been in the construction business Less then 3 yrs ❑ 3 yrs + ❑
15. Has applicant or majority partner filed for bankruptcy in the past 5 years? ❑ Yes ❑ No
16. Is project on filled land? ❑ Yes ❑ No
17. Does any demolition work need to be done prior to construction? ❑ Yes ❑ No
18. Is construction lift slab, or have open atriums equaling three stories or more ❑ Yes ❑ No
19. Does the project include any tandem crane lifts, high values being lifted by a single crane,underground or waterborne exposures? ❑ Yes ❑ No
20. Does the scope of the project include work on a bridge, dam, tunnel, bubble building, greenhouse, waste water facility, airport hanger, barn , silo, chemical /petroleum/energy/co-generation facility, tanks, radio, TV, or communication tower, or warehouse or distribution center over 100,000 square feet? ❑ Yes ❑ No
21. Will the project site be protected by a fence? ❑ Yes ❑ No
    (If yes, this will be a policy warranty)

22. Will the watchman be on premises during non-working hours? ❑ Yes ❑ No
(If yes, this will be a policy warranty)

23. Is Soft Cost Coverage Desired? ❑ Yes ❑ No
(If yes, show a limit for any of the following:)

Soft Cost Item	Limit Desired
Interest expense on money the insured borrows to finance construction or reconstruction	$
Real estate or property taxes	$
Advertising and promotional expense	$
Insurance expense	$
Commissions, legal and accounting costs and fees and administrative expenses incurred as a result of a necessary renegotiating of a lease or leases	$
Architectural fees, building inspection and permit fees and charges	$
Storage charges	$
Survey costs	$

24. Mortgagee or Loss Payee (Name and Address): _____

_____

25. Policy Effective Date: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.
Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.
Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.
Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
District of Columbia Fraud Statement: WARNING: 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.
Florida Fraud Statement: 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.
Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Maine Fraud Statement: 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.
New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New York Fraud Statement: 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.
Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's Signature:_____ Title _____ Date:_____
(Owner, Principal, or Partner)

Broker's Signature: _____ Date: _____

Address: _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail Completed Application Through Local Agent or Broker to: _____