

BUILDERS RISK SUPPLEMENTAL APPLICATION

APPLICANT DETAIL			
Name of Applicant:			
Mailing Address:			
City:	State:	ZIP:	
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
Interest of Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____			
Inspection Contact (name, telephone number):			
List all Additional Interests:			
Mortgagee:			
Address:	City:	State:	Zip Code:
Jobsite Loss Control Contact:			
Email Address:		Phone Number:	
Risk Management Contact:		<input type="checkbox"/> Check if same as loss control contact	
Email Address:		Phone Number:	
Project Description:			

POLICY TERM	
From:	To:
Estimated Time to Completion of Project:	
Has Work Begun Yet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes,", please complete mid-term supplemental
Jobsite address:	

LIMITS OF INSURANCE			
Is Coverage Requested for the Existing Structure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Replacement Cost of the Building?			\$
Requested Hard Cost Limit (Contract Value):			\$
Requested Temporary Storage Limit:			\$
Requested Transit Limit:			\$
Is Flood Coverage Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Requested Limit:	\$
Is Earthquake Coverage Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Requested Limit:	\$
Is Soft Cost Coverage Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Total Limit:	\$
Soft Cost Breakdown:		<input type="checkbox"/> Construction Loan Interest	\$
		<input type="checkbox"/> Real Estate & Property Taxes	\$
		<input type="checkbox"/> Architect, Engineer & Consultant Fees	\$
		<input type="checkbox"/> Legal & Accounting Fees	\$
		<input type="checkbox"/> Insurance	\$
		<input type="checkbox"/> Adverting & Promotional Expense	\$
		<input type="checkbox"/> Other: _____	\$
		<input type="checkbox"/> Other: _____	\$
		<input type="checkbox"/> Other: _____	\$

<input type="checkbox"/> See Attached Soft Costs Budget Breakdown		
Is Loss of Rents Coverage Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Limit:	\$
Is Equipment Breakdown Coverage Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Deductible Requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: _____		

CONTRACTOR DETAIL			
Name of Contractor:			
Address:	City:	State:	Zip Code:
Website:		License Number:	
How Long Has Contractor Been in Business?			
Has the Contractor Previously Engaged in Similar Projects?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please List Past Projects:			
Does the Contractor Have Any Suits or Judgments Pending?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Contractor Had Any Losses Greater Than \$25,000 in the Past 5 Years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Explain:			
Has the Contractor Been Cited for any OSHA Violations in the Past 4 Years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Explain:			
Does the Contractor Have A Formal Written Safety Program in Place:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Contractor Pre-Qualify Subcontractors:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Explain:			
Is Insurance Documentation Obtained Before Subcontractors Are Allowed on Jobsite:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Contractor Employ a Designated Jobsite Risk Manager:			<input type="checkbox"/> Yes <input type="checkbox"/> No
How will Jobsite Housekeeping be Maintained?			
Will Hot Work Be Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please Provide Copy of Hot Work Program	
Are licensed riggers used if hoisting or rigging is necessary?			<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSTRUCTION DETAIL		
CONSTRUCTION TYPE	EXISTING STRUCTURE	PROPOSED STRUCTURE / RENOVATION
Frame	<input type="checkbox"/>	<input type="checkbox"/>
Joisted Masonry	<input type="checkbox"/>	<input type="checkbox"/>
Non-Combustible	<input type="checkbox"/>	<input type="checkbox"/>
Masonry Non-Combustible	<input type="checkbox"/>	<input type="checkbox"/>
Fire Resistive / Modified FR	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING AND OCCUPANCY DETAIL	
Total Square Footage:	Year Built:
Number of Floors Above Ground:	Number of Floors Below Ground:
Does the Property Have a Historical Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Building Have Any Unusual Architectural or Structural Features? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please Describe:	
Is the Structure Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Occupancies:	
If Not Occupied, How Long Has the Building Been Vacant?	
Intended Occupancies When Completed:	
Will the Structure Remain Occupied During Construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROTECTIONS			
Distance to Closest Operating Fire Hydrant:		Public Protection Class:	
Site Protections:	Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will A Watchman Be On-Site During Non-Working Hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Protective Safeguards Detail:			
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Intrusion Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will A "No Smoking" Policy Be Enforced on the Jobsite?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will Operational Fire Extinguishers Be Provided at Strategic Locations at Jobsite?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hazardous or flammable materials to be stored at the Jobsite?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are they and what storage controls are in place to mitigate potential fire hazards?			

SCOPE OF WORK		
Describe in Detail the Nature and Extent of Work to Be Performed:		
The Project Scope of Work includes:		
Category	Description	Yes/No
Remodeling	Interior partition walls, sheetrock, suspended ceiling, carpeting, new plumbing, electric or HVAC systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renovation	Roof replacement, new doors/windows, custom work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rehab	Partial Demolition, Repair of Prior Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horizontal Expansion	Addition of square footage on existing floors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vertical Expansion	Addition of floors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heavy Structural	Removal or repositioning of load-bearing members or walls, addition or repositioning of stairways or elevators	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Building be Guttred?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the Building Previously Damaged?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Describe:		
Will Seismic Work be Completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents

- Construction Budget (detailed by trade)**
- Construction Timeline with Critical Path Milestones**
- Copy of Contract**
- General Contractor Information:**
 - **Certificate of Insurance**
 - **Resumes of Key Personnel**
 - **Schedule of Past Projects**

DECLARATIONS

The undersigned declares that the statements set forth herein are true and that the undersigned has not suppressed or misstated any material facts. The undersigned agrees that this application, together with any other information supplied, shall form the basis of any contract effected thereon. The undersigned must inform the Insurers of any material changes to the information supplied by this application occurring before the completion of the contract of insurance.

Signature: _____

Date: _____

Title: _____

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.)

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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

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.



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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.

NOTICE TO SOUTH CAROLINA APPLICANTS: The Insurer can cancel this Policy for which you are applying without cause during the first 120 days. That is the Insurers choice. After the first 120 days, the Insurer can only cancel this Policy for reasons stated in the Policy.

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 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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)

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.