



Builders' Risk Application

Course of Construction Property Coverage for New Construction and Renovation Projects - New Business or Renewal

Please type directly into the fields. Every question must be answered; respond "N/A" to any question that does not apply. If a whole section does not apply, check its N/A box and skip to the next section. Builders' risk is property insurance for a building while it is under construction or being renovated. It is written for a single project (for the course of construction) or on an annual term basis for several projects; it is not a claims-made policy. Submitting this application does not bind coverage, and this application is not a binder.

1. APPLICANT & CONTACT INFORMATION

Applicant legal name:

DBA(s) / trade names: Website:

Physical street address:

City: State: ZIP: County:

Mailing address (if different):

Phone: Email:

Contact name: Title:

Entity type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint venture ☐ LLC ☐ Other:

Year established: FEIN (optional):

Applicant is the (check all that apply):

☐ Owner

☐ General contractor / builder

☐ Developer

☐ Tenant / occupant

Applicant's business (describe): Years in business:

Site inspection contact: Inspection phone: Inspection email:

In the past 5 years, has the applicant declared bankruptcy or been in receivership? ☐ Yes ☐ No

If yes, give the date(s) and details:

2. BUILDER / GENERAL CONTRACTOR

Is the project being built by a general contractor other than the applicant? ☐ Yes ☐ No

If yes, general contractor name and website:

If yes, general contractor address:

Does the builder (the applicant or the general contractor) have at least 2 years of experience building similar projects? ☐ Yes ☐ No

Builder's experience: years building, types and number of similar projects completed:

Is the builder insuring any other buildings under construction within 100 feet of this structure? ☐ Yes ☐ No

If yes, give the addresses, values and insurer:

3. PROJECT & BUILDING INFORMATION

Project street address:

City: State: ZIP: Project county:

Project type: ☐ New construction ☐ Remodel, incl. existing structure ☐ Remodel, excl. existing structure

Number of structures at this location: Stories: Total square footage:

Is the structure a 1 to 4 family dwelling (residential, 1 to 4 units)? ☐ Yes ☐ No

Intended use / occupancy at completion: Age of existing building (remodels):

Construction: ☐ Frame ☐ Joisted masonry ☐ Masonry non-combustible ☐ Non-combustible ☐ Modified fire resistive
☐ Fire resistive ☐ Other:

Protection class: If steel framed, gauge of steel:

Is the building on pilings? ☐ Yes ☐ No

Does the project include "tilt-up" construction? ☐ Yes ☐ No

Is the structure modular or mobile? ☐ Yes ☐ No

Construction start date (planned or actual): Estimated completion date:

Has any construction, renovation or remodel work already started? ☐ Yes ☐ No

If yes, % complete: If yes, how long dormant or abandoned (if any):

If yes, reason for any delay:

If yes: Has the general contractor changed since work started? ☐ Yes ☐ No ☐ N/A

Will any part of the structure be occupied before the project is completed? ☐ Yes ☐ No

If yes, describe (who, which part, from when):

Mortgagee / lender name: Mortgagee address:

4. RENOVATION / REMODEL WORK

☐ N/A - new construction only (skip to Section 5)

Is the renovation work: ☐ Structural ☐ Non-structural ☐ Both

Is there any hot work (cutting, torch work, welding, brazing, soldering, grinding, thermal spraying or sweating pipes)? ☐ Yes ☐ No

Is there any electrical work? ☐ Yes ☐ No

Is the interior of the project 100% deadbolt-locked? ☐ Yes ☐ No

Is there an operating central station burglar alarm? ☐ Yes ☐ No

Is there an operating central station fire alarm? ☐ Yes ☐ No

Are the standpipes operational and filled with water? ☐ Yes ☐ No ☐ N/A

Is the structure sprinklered? ☐ Yes ☐ No

If yes: Is the sprinkler system turned on? ☐ Yes ☐ No ☐ N/A

5. JOB SITE PROTECTION

Is a guard service used at the job site? ☐ Yes ☐ No

If yes, hours of guard service:

Is there security lighting at the job site? ☐ Yes ☐ No

If yes: Does the security lighting light all sides of the site? ☐ Yes ☐ No ☐ N/A

Is the job site fully fenced, with gates that close and lock during non-working hours? ☐ Yes ☐ No

If yes, height of fencing:

Are hazardous or flammable materials stored at the job site?

☐ Yes ☐ No

If yes, materials stored and the storage controls in place to prevent fire:

Are licensed riggers used for any hoisting or rigging? (N/A if none)

☐ Yes ☐ No ☐ N/A

Are portable fire extinguishers (approved type) kept at the construction site?

☐ Yes ☐ No

Distance to nearest fire hydrant (feet):

Distance to responding fire station (miles):

Is the responding fire department manned 24 hours a day?

☐ Yes ☐ No

Will fire hydrants be installed and working before construction starts? (N/A if already in place)

☐ Yes ☐ No ☐ N/A

Will any building supplies or materials be transported by air?

☐ Yes ☐ No

If materials are shipped by a common or contract carrier at your risk, has a released bill of lading been obtained?

☐ Yes ☐ No ☐ N/A**6. COVERAGE, VALUES & LIMITS**

Proposed policy term: from (mm/dd/yyyy):

To (mm/dd/yyyy):

Policy basis: ☐ Single project (course of construction) ☐ Annual term (multiple projects)**Values to insure (for a remodel that covers the existing structure, the values must add up to 100% of the completed value)**

	Amount (\$)
Total completed value, all structures (building, equipment and supplies)	
Completed value of the largest single structure	
Renovation / remodel work (building, equipment and supplies)	
Existing structure (remodels that cover it)	
Soft costs	
Business income / extra expense (delay in completion)	
Rental value (delay in completion)	

Existing structure valuation: ☐ Actual cash value ☐ Replacement cost ☐ N/A**Additional limits wanted (leave blank for the market's standard included limit)**

Coverage	Limit (\$)	Coverage	Limit (\$)
Property at off-site storage / staging		Property in transit (not waterborne)	
Transit by water (inland waterways only)		Debris removal (additional amount)	
Signs not attached to a building		Maximum value per sign	
Lawns, trees, shrubs and plants		Pollutant cleanup and removal	
Fire department service charge		Fire extinguishing systems expense	
Fungi, wet rot and dry rot		Preservation of property	
Ordinance or law		Collapse	
Scaffolding / construction forms		Re-erection of scaffolding	
Sewer, drain or sump discharge		Valuable papers and records	
Blueprints / construction documents		Reward payments	
Expediting expenses		Claim preparation expense	
Fraud and deceit		Equipment breakdown (per occurrence)	

Waterways used (if transit by water):

Coinsurance %:

Ordinance or law coverages wanted: ☐ Coverage A (undamaged part) ☐ Coverage B (demolition)
☐ Coverage C (increased cost)**Deductible (check each to quote):** ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000☐ Other:

Also quote (optional; check each that applies):

- | | |
|--|---|
| ☐ Equipment breakdown | ☐ Permission to occupy |
| ☐ Flood | ☐ Green builder upgrade |
| ☐ Earthquake | ☐ Contract change orders |
| ☐ Testing (hot testing / commissioning) | ☐ Delay in completion (soft costs / rents) |

Do you want to reject terrorism coverage?

☐ Yes ☐ No

Do you want to exclude wind / hail coverage?

☐ Yes ☐ No**7. INSURANCE & LOSS HISTORY****Prior builders' risk / property insurance, last 3 years (write "none" for any year without coverage)**

Policy year	Insurer	Policy number	Project / location	Premium (\$)

In the past 3 years, has any insurer cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri.)

☐ Yes ☐ No

If yes, please explain:

In the past 3 years, has the applicant or the builder / general contractor had any builders' risk or property loss or claim (regardless of fault and whether or not insured), or any occurrence that may lead to a claim?

☐ Yes ☐ No

Have there been any previous losses at this project location?

☐ Yes ☐ No**If you answered Yes to a claim or circumstance question above, give the details for each one**

Date of claim or incident	What happened (description)	Reported to insurance carrier?	Status	Amount paid (\$, if known)
<input type="text"/>	<input type="text"/>	☐ Yes ☐ No	☐ Open ☐ Closed	<input type="text"/>
<input type="text"/>	<input type="text"/>	☐ Yes ☐ No	☐ Open ☐ Closed	<input type="text"/>
<input type="text"/>	<input type="text"/>	☐ Yes ☐ No	☐ Open ☐ Closed	<input type="text"/>

More than 3? List the others in the comments box below. Disclosing a loss does not mean it is covered.

Open claims: amount reserved by the insurer (\$, if known):

8. COMMENTS, APPLICANT STATEMENT & SIGNATURE

Please attach, if available: plans or a project description, the construction contract or budget, the general contractor's resume or project list, and 3 years of loss runs.

Additional comments or details for any "Yes" answer:

Applicant Statement

The undersigned, an authorized owner, partner or officer of the applicant, declares that the statements in this application and any attachments are true and complete to the best of his or her knowledge after reasonable inquiry of all persons proposed for this insurance. If any information changes before the policy effective date, the applicant will promptly notify us, and any quote or binder may be changed or withdrawn. Signing this application does not bind the applicant or any insurer to complete the insurance, but if a policy is issued, the insurer will rely on this application and it will become part of the policy. Nothing in this application is notice of a claim or potential claim under any policy. The applicant authorizes this information to be shared with insurance companies for the purpose of obtaining quotes.

Important notice: as part of underwriting, an insurer may make a routine inquiry about the applicant's character, general reputation and mode of living. More information about the nature and scope of any report is available on written request.

Fraud Statements

Fraud Statement (All States, including Arkansas, Louisiana, Rhode Island and West Virginia): 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.

Colorado: 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: 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: 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.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky: 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: 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Maryland: 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.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio: 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: 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: 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: 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.

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: 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.

Signature: Date (mm/dd/yyyy):

Printed name: Title:

How did you hear about us? (optional):