

Builder's Risk Application

About This Program

This application is used to insure residential and commercial construction projects.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any prior insurance coverage? If yes, provide details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy/Line	Date of Loss	Description of Loss	Amount of Loss		
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Project Type, Scope & Duration

Project Type (office building, residence, etc.)	
Scope of Project (new, renovation, addition)	
Project Name	
Project Description	
Construction Type	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Metal Non-Combustible
Construction Project Value	
Existing Building Value (only if coverage required for existing building)	
Project Address, City, State, Zip	
Start Date	
Project Duration	

Additional Location Information

Occupancy	<input type="checkbox"/> Multi-tenant <input type="checkbox"/> Single Tenant
Usage	<input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Square Feet	
Number of Floors	
Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance from Fire Department (miles)	<input type="checkbox"/> 5 or less <input type="checkbox"/> 6 – 10 <input type="checkbox"/> more than 10
Distance from Fire Hydrant (feet)	<input type="checkbox"/> up to 500 <input type="checkbox"/> 501 – 1,000 <input type="checkbox"/> more than 1,000
Protection Class	
Closest Body of Water	
Flood Zone	

Security

Fire/burglar devices	<input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire Extinguishers
Alarm Type	<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Certified
Smoke detection included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Motion detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No
All doors and windows have contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watchmen or guards during non-working hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property completely fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No
All entrances/exits covered or gated	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Third Parties

Contractor Name Address, City, State, Zip Phone Email Years Experience	<hr/> <hr/> <hr/> <hr/> <hr/>
Architect Name	
Financial Institution Name Address, City, State, Zip	<hr/> <hr/>

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Coverages

Dates of Coverage

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Effective:

/ /

Expiration::

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p to 24 month term (Terms longer than 12 months are pro-rata'd.)

Coverage	Limit	Deductible
Inland Marine (* Indicates required coverages if Inland Marine is purchased)		
Building		
Existing Structures		Same as building
Earnings, Rent and Soft Costs	<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	Same as building
Property While at Other Locations	<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	Same as building
Property in Transit	<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	Same as building
Construction Trailers & Contents	<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	Same as building
Trees, Shrubs and Plants	<input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	Same as building
Ordinance or Law	<input type="checkbox"/> 100,000 <input type="checkbox"/> _____	Same as building
Earthquake (not eligible for concrete, brick, block)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Varies based on territory
Flood	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> Building Limit	Varies based on flood zone
Wind (included if territory is eligible)	Included	Same as building
Additional Coverages		
Construction Documents	10,000	Same as building
Construction Signs	2,500	
Pollutant Cleanup	25,000	
Debris Removal	25,000	
Fungus, Wet Rot, Dry Rot and Bacteria	10,000	
Expediting Expense	10,000	
Fire Department Service Charges	5,000	
Fire Protection -Device Recharge Expense	25,000	
Contractual Penalties	25,000	
LEED Indoor Air Quality Standards Restoration Expense	25,000	
Sinkhole Collapse	Included	
Testing/Mechanical Breakdown	Included	
Blanket Loss Payee	Included	
Unintentional Errors or Omissions	Included	
Rain, Snow, Sleet, Sand or Dust	Included	

Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- 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 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 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.
- 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.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** 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 of each such violation.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE 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.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- 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.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____ **YES** _____ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- 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.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

SIGNATURE OF APPLICANT

DATE