

SUPPLEMENTAL BUILDERS RISK APPLICATION

NEW / GROUND UP CONSTRUCTION ONLY

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125***

INSURED INFORMATION:	
NAMED INSURED: _____	
DBA: _____	
INSURED IS: <input type="checkbox"/> OWNER	<input type="checkbox"/> CONTRACTOR
NAME OF CONTRACTOR: (IF DIFFERENT FROM NAMED INSURED) _____	# OF YEARS IN BUSINESS: _____
CONTRACTOR MAILING ADDRESS: _____	LOSS HISTORY / 5 YEARS _____
_____	_____

ESTIMATED START DATE OF PROJECT: _____	PROJECT CURRENTLY UNDER CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED COMPLETION DATE OF PROEECT: _____	IF YES – ORIGINAL START DATE: _____
ESTIMATED TERM OF CONSTRUCTION: _____ MONTHS	% COMPLETED: _____ VALUES COMPLETED: _____

LIMITS OF LIABILITY:	
TOTAL COMPLETED VALUE OF PROJECT: \$ _____	TEMPORARY STORAGE: \$ _____
LOSS LIMIT (IF APPLICABLE): \$ _____	TRANSIT: \$ _____

OPTIONAL COVERAGES: (MUST BE CHECKED)	
WINDSTORM: <input type="checkbox"/>	IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ _____
EARTH MOVEMENT: <input type="checkbox"/>	ISO EQ ZONE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
FLOOD: <input type="checkbox"/>	FEMA FLOOD ZONE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V
	IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION? _____ ELEVATION OF FIRST FINISHED FLOOR? _____
SOFTS COSTS: <input type="checkbox"/> \$ _____ (MUST ATTACH COMPLETE BREAKDOWN)	LOSS OF RENTS: <input type="checkbox"/> \$ _____
	LOSS OF EARNINGS: <input type="checkbox"/> \$ _____

DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)				
\$ 500 (RESIDENTIAL ONLY) <input type="checkbox"/>	\$ 1,000 <input type="checkbox"/>	\$ 2,500 <input type="checkbox"/>	\$ 5,000 <input type="checkbox"/>	OTHER \$ _____

PROJECT INFORMATION:	
LOCATION ADDRESS: _____	_____
STREET ADDRESS	CITY COUNTY ST ZIP
PROJECT TYPE: RESIDENTIAL: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY	COMMERCIAL: <input type="checkbox"/>

PUBLIC PROTECTION CLASS: _____ CITY LIMITS: INSIDE OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS: _____ FEET _____ MILES

TOTAL SQ. FT. AREA: _____ # OF BUILDINGS: _____ APPROXIMATE DISTANCE BETWEEN BUILDINGS: _____

OF STORIES: _____

INTENDED OCCUPANCY: _____

<p>CONSTRUCTION TYPE: <input type="checkbox"/> FRAME (CHECK ONE)</p> <p><input type="checkbox"/> MASONRY JOIST</p> <p><input type="checkbox"/> NONCOMBUSTIBLE</p> <p><input type="checkbox"/> MASONRY NONCOMBUSTIBLE</p> <p><input type="checkbox"/> FIRE RESISTIVE</p>	<p>WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD</p> <p>WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE</p> <p>WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL</p> <p>WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL</p> <p>WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS</p>
---	---

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____ DISTANCE TO: _____ CONSTRUCTION TYPE: _____

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? _____

IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

SITE SECURITY:

SITE FENCED? YES NO WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS? YES NO

SITE LIGHTED? YES NO HOURS ON SITE? _____

LOSS CONTROL:

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS? YES NO FREQUENCY: _____

PUBLIC WATER SUPPLY IN SERVICE AT SITE? YES NO

BRUSH AREA? YES NO IF YES - CLEARANCE FROM SITE? _____

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):
