

BUILDERS' RISK COVERAGE RENOVATION AND REHABILITATION SUPPLMENTAL APPLICATION

Name of Applicant: Mailing Address: Street City State Zip Code Requested Effective Date: Applicant is: Project Owner General Contractor Other: Project Owner General Contractor Other:	Section I – General Information							
Street City State Zip Code	Name of Applicant:							
Requested Effective Date: Applicant is:	Mailing Address:							
Applicant is:								
Section II - Contractors Information Name of General Contractor: Address: Street City State Zip Code Contractor License #: Number of Years of Experience in Performing this type of Construction: Section III - Requested Coverages 1. Building Materials (New) Limit: \$ 2. Catastrophe Limit: \$ 3. Requested Deductible: \$2,500	Requested Effective Date:							
Name of General Contractor: Address: Street City State Zip Code Contractor License #: Number of Years of Experience in Performing this type of Construction: Section III - Requested Coverages 1. Building Materials (New) Limit: \$ 2. Catastrophe Limit: \$ 3. Requested Deductible: \$2,500	Applicant is:							
Address: Street Website Address: Website Address: State Zip Code	Section II – Contractors Information							
Address: Street Website Address: Website Address: State Stat	Name of General Contractor:							
Contractor License #: Website Address: Number of Years of Experience in Performing this type of Construction: Section III - Requested Coverages	Address:							
Section III - Requested Coverages								
Section III - Requested Coverages	Contractor License #: Website Address:							
1. Building Materials (New) Limit: \$	Number of Years of Experience in Performing this type of Construction:							
2. Catastrophe Limit: \$								
3. Requested Deductible: \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 4. Indicate if a quote for any of the following Coverages is desired (*A separate Deductible may apply): Earthquake	1. Building Materials (New) Limit: \$ Existing Building Limit: \$							
4. Indicate if a quote for any of the following Coverages is desired (*A separate Deductible may apply): Earthquake	2. Catastrophe Limit: \$							
□ Earthquake Limit: \$	3. Requested Deductible: \$2,500 \$5,000 \$10,000 \$15,000 \$25,000							
☐ Flood Limit: \$ ☐ Equipment Breakdown Limit: \$ ☐ Delay in Completion Coverage - Additional Construction Expenses (Advertising, Design Fees, Financing, Lease Administration, Professional Fees, Permit Fees) \$ ☐ Delay in Completion Coverage - Additional Soft Costs (Interest Payments, Realty Taxes, Lease Expenses, Insurance Premiums) \$ ☐ Delay in Completion Coverage - Rental Income \$ ☐ Delay in Completion Coverage - Income Coverage \$ ☐ Increased Supplemental Coverage: In-Transit \$ ☐ Increased Supplemental Coverage: Temporary Storage \$ If additional coverage is requested provide exposure and underwriting information. Section IV - Project Information 1. Project Address: Street City State Zip Code	4. Indicate if a quote for any of the following Coverages is desired (*A separate Deductible may apply):							
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□ Equipment Breakdown Limit: \$								
□ Delay in Completion Coverage - Additional Construction Expenses (Advertising, Design Fees, Financing, Lease Administration, Professional Fees, Permit Fees) \$								
Design Fees, Financing, Lease Administration, Professional Fees, Permit Fees) Delay in Completion Coverage - Additional Soft Costs (Interest Payments, Realty Taxes, Lease Expenses, Insurance Premiums) Delay in Completion Coverage - Rental Income Delay in Completion Coverage - Income Coverage Increased Supplemental Coverage: In-Transit Increased Supplemental Coverage: Temporary Storage If additional coverage is requested provide exposure and underwriting information. Section IV - Project Information 1. Project Address: Street City State Zip Code 2. Protection Class: Distance to nearest Fire Hydrant: 3. Has Construction already begun? Yes No If yes, Percentage Complete:								
□ Delay in Completion Coverage - Additional Soft Costs (Interest Payments, Realty Taxes, Lease Expenses, Insurance Premiums) \$								
Taxes, Lease Expenses, Insurance Premiums) Delay in Completion Coverage – Rental Income Delay in Completion Coverage – Income Coverage Increased Supplemental Coverage: In-Transit Increased Supplemental Coverage: Temporary Storage If additional coverage is requested provide exposure and underwriting information. Section IV - Project Information Street City State Zip Code								
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☐ Increased Supplemental Coverage: Temporary Storage \$	☐ Delay in Completion Coverage – Income Coverage \$							
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3. Has Construction already begun?	Street City State Zip Co							
, ° – – , , , , , , , , , , , , , , , ,	Protection Class: Distance to nearest Fire Hydrant:							
4. Original Construction Start Date: Estimated Date of Completion:	Has Construction already begun?							
	Original Construction Start Date: Estimated Date of Completion:							
5. Construction Type:	5. Construction Type:							
☐ Joisted Masonry ☐ Fire Resistive								
6. Original Year Built:	6. Original Year Built:							
7. Total # of Square Feet: Total # of Units:	· · · · · · · · · · · · · · · · · · ·							
8. Number of Floors Above Ground: Number of Floors Below Ground:								



9.		amily Dwelling	nhouse	ent Complex	x		
10.	Indicate each type of work being pro Remodel - Interior Finish	vided at this project site: Remodel - Minor Structural					
	Restoration/Major Structural	New Addition (i.e. For Tie-In	1)				
11.	Please provide a detailed description	of the Renovations:					
12.	Is the structure currently occupied?			☐ Yes	☐ No		
	A. If yes, describe type of occupar	ncies:					
13.	3. Do any of the buildings have a historical designation?			☐ Yes	☐ No		
14.	. Do any of the existing buildings have unusual architectural or structural features?			☐ Yes	☐ No		
15.	5. Are any unusual or experimental Construction Techniques being used? **If Yes to #13, 14 or 15 above attach a separate page explaining.				☐ No		
16.	Are pilings being used?			□Yes	□No		
17.							
18.	Is this a fast track construction proje			☐ Yes	∐ No		
19.	Indicate which protective safeguards exist at the jobsite:						
	Protective Safeguard	<u> </u>	Will these be Operational for the entire length of project?				
	☐ Project Site Locked	☐ Sprinkler System		No			
	Lighting	☐ Central Station Burglar Ala		No			
	Fencing	☐ Central Station Fire Alarm		No			
	Security Guards	Smoke Detector		No			
	Fire Extinguishers	Other (describe):		10			
20.	Fire watch is kept for how many hou		s are performed?				
21.	How are gas cylinders or flammable	• • • • • • • • • • • • • • • • • • • •					
۷١.	riow are gas cylinders of hammable	iliquius storeu at the project site!	□ N/A				
22.	How frequently is debris removed from	om the project site:					
23.							
	A. Address of storage location:						
	B. Description of project materials to	peing stored offsite:					
	C. Materials are moved between st	orage site and project site via:	☐ Common Carrier	Owned \	Vehicles		
FRAI	UD WARNING: Any person who kno	owingly and with intent to defrauc	d any insurance compa	nv or other	person		
conce affirm issue	an application for insurance containing erning any fact material thereto, comm ns that the foregoing information is trud d whether attached or not and that an dependent upon local statute, be gro	nits a fraudulent insurance act, we e and agrees that these applicati y willful concealment or misrepre	hich is a crime. The proons shall constitute a pesentation of a materia	roposed ins part of any p I fact or circ	ured oolicy		
	Applicant's Signature		Date				
	Applicant's Name		Applicant's Title				
	Producer's Signature		Producer's Name				

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