



# Commercial Builders Risk Application



Agency Name \_\_\_\_\_

Producer # \_\_\_\_\_ Date \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## UNDERWRITING INFORMATION *(answer all underwriting questions on THE CONTRACTOR)*

1. Name (if other than named insured) \_\_\_\_\_

2. # of yrs in business: \_\_\_\_\_ 3. Has contractor built this type of building before? ☐ Yes ☐ No

4. Employee training? ☐ Yes ☐ No 5. Loss prevention program? ☐ Yes ☐ No

6. Any builders risk losses for the past 3 years? ☐ Yes ☐ No *If yes, describe loss(es):* \_\_\_\_\_

7. Does this contractor have any other policies with your agency? ☐ Yes ☐ No *(if yes, describe)* \_\_\_\_\_

8. Average # of jobs in last 12 months? \_\_\_\_\_ 9. Estimated annual receipts:\$ \_\_\_\_\_

10. Have any of the interested parties ever filed bankruptcy? ☐ Yes ☐ No *(if yes, who and when?)* \_\_\_\_\_

11. How is this project being financed? \_\_\_\_\_

## CONSTRUCTION SITE INFORMATION

1. Location: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Construction type: ☐ Frame ☐ Joisted Masonry ☐ Non-Combustible

☐ Masonry Non-Combustible ☐ Fire Resistive

3. Roof type: \_\_\_\_\_ 4. Square footage: \_\_\_\_\_

5. # of stories: \_\_\_\_\_

6. Is this a remodeling/renovation project? ☐ No ☐ Yes *(If yes, complete Addition/Renovation Checklist)*

7. Intended use / occupancy of structure: \_\_\_\_\_

8. Protection Class \_\_\_\_\_ 9. Distance to fire hydrant \_\_\_\_\_ 10. Distance to fire dept. \_\_\_\_\_

11. Is site located in a coastal county? ☐ No ☐ Yes (If yes, complete Supplemental Checklist for Coastal Exposures)

12. Firewalls: number of firewalls? \_\_\_\_\_ Firewall rating # of hours? \_\_\_\_\_  
When will firewalls be put in use? \_\_\_\_\_ When will doors be installed? \_\_\_\_\_

13. Anticipated start date: \_\_\_\_\_ 14. Anticipated completion date: \_\_\_\_\_

15. Site security: ☐ No security ☐ Watchman/guard 24 hrs ☐ Watchman/guard night only  
☐ Lighted ☐ Fenced ☐ Other \_\_\_\_\_

16. Will sprinklers be activated during construction? ☐ No ☐ Yes  
If yes, at what percentage of completion? \_\_\_\_\_

17. Will debris be removed daily? ☐ No ☐ Yes

**COVERAGE / LIMITS INFORMATION**

1. Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Other \_\_\_\_\_

2. ☐ Mortgagee / ☐ Loss Payee / ☐ Additional Interest \_\_\_\_\_

3. Owners Name/Mailing Address \_\_\_\_\_

4. Estimated completed value \$ \_\_\_\_\_

5. Transit coverage: ☐ None ☐ \$25,000 ☐ Other \_\_\_\_\_

6. Property temporarily at other locations: ☐ None ☐ \$25,000 ☐ Other \_\_\_\_\_

7. Testing coverage? ☐ No ☐ Yes Limit \$ \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

8. Water/Flood? ☐ No ☐ Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

9. Earth movement? ☐ No ☐ Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

10. Business income: Loss of income \$ \_\_\_\_\_ Loss of rents \$ \_\_\_\_\_

11. Soft cost limit: \$ \_\_\_\_\_ (Attach breakdown)