

# BUILDER'S RISK APPLICATION

1. First Named Insured \_\_\_\_\_
2. Other Insured(s) \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Effective Date Desired \_\_\_\_\_ 5. Term Desired \_\_\_\_\_

6. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.  
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No    Yes - If so, give name of company, date, and reason.

7. Location of Structure \_\_\_\_\_
8. Mortgagee \_\_\_\_\_  
     Name \_\_\_\_\_ Address \_\_\_\_\_

9. Causes of Loss:    Broad            Special Form (not available on renovations)
10. Deductible:       \$500            \$1,000        Other \_\_\_\_\_

11. Protection Class \_\_\_\_\_
12. Number of Stories \_\_\_\_\_ Area (Sq. Ft.) of building \_\_\_\_\_
13. Construction:    Frame    Joisted Masonry    Masonry Non-combustible    Other \_\_\_\_\_

14. Indicate limits for improvements/repairs (renovations) or new construction. Limits for the existing structure and improvements must add up to 100% of the completed value for renovations.

	<b>Renovation</b>		<b>New Construction</b>
Existing Structure	_____	Building	_____
Improvements	_____	Property in Transit	_____ (max. 10,000)
Property in Transit	_____ (max. 10,000)	Property Offsite	_____ (max. 10,000)
Property Offsite	_____ (max. 10,000)	Theft	_____ (max. 10,000)
Theft	_____ (max. 10,000)		

## UNDERWRITING INFORMATION

15. Describe the work to be performed. \_\_\_\_\_  
 \_\_\_\_\_
16. What date is construction planned to:   Begin \_\_\_\_\_   End \_\_\_\_\_
17. Will any portion of the structure be occupied prior to completion of the project?    Yes    No  
 If yes, describe occupancy. \_\_\_\_\_
18. Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry.  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Neighborhood type:    Residential    Mfg./Industrial    Retail/Comm'l    Rural    Other \_\_\_\_\_
20. Are vagrants known to have occupied this structure in the past?    Yes    No

21. Does the job involve any of the following:
- |                               |                          |                          |                                       |                          |                          |
|-------------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
|                               | <b>Yes</b>               | <b>No</b>                |                                       | <b>Yes</b>               | <b>No</b>                |
| Demolition of the Structure   | <input type="checkbox"/> | <input type="checkbox"/> | Excavation                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural Alterations        | <input type="checkbox"/> | <input type="checkbox"/> | Unique or Experimental Design         | <input type="checkbox"/> | <input type="checkbox"/> |
| Extensive Gutting             | <input type="checkbox"/> | <input type="checkbox"/> | Renovation After Fire/Vandalism       | <input type="checkbox"/> | <input type="checkbox"/> |
| Modular units or mobile homes | <input type="checkbox"/> | <input type="checkbox"/> | Lead/Asbestos/Other Pollutant Removal | <input type="checkbox"/> | <input type="checkbox"/> |
- Explain all yes answers. \_\_\_\_\_

22. Is the structure sprinklered?  Yes  No If yes, has the system been turned off?  Yes  No
23. Are situations present that may involve potential disputes at the worksite (e.g., strikes, lockouts, etc.)?  Yes  No  
If yes, explain. \_\_\_\_\_

24. General contractors years of experience on similar projects:  Less than 1  1 to 5  More than 5

25. Are you the:
- Building Owner **not** acting as a General Contractor
  - Building Owner acting as a General Contractor
  - General Contractor who does not own the building

26. If you are the building owner:
- a. Number of other properties you own \_\_\_\_\_
  - b. Name of General Contractor \_\_\_\_\_
  - c. Amount paid for structure \_\_\_\_\_
  - d. Do you have any experience investing in real estate?  Yes  No If yes, describe. \_\_\_\_\_

- e. Do you subcontract work to others?  Yes  No If yes, answer the following questions:
- (1) Type of work \_\_\_\_\_
  - (2) Cost of subcontractor's/contract labor \$ \_\_\_\_\_
  - (3) Are all subcontractors required to carry insurance?  Yes  No If yes, indicate:
    - (a) Comprehensive General Liability Limit \$ \_\_\_\_\_
    - (b) Are you named as an additional insured?  Yes  No
    - (c) Are certificates of insurance required from subcontractors?  Yes  No

27. Any history of bankruptcy?  Yes  No If yes, give details on separate page.
28. Are there any mortgage payments (building or contents) overdue by 3 months or more?  Yes  No
29. Are there any tax liens against the property?  Yes  No
30. Has anyone with a financial interest in this structure been convicted of, or indicted for, any degree of arson, fraud, or other crime related to loss on property owned now or during the last 5 years?  Yes  No
31. Is there any other insurance in force or to be secured on this property?  Yes  No

Policy #	Status	Date	Amount of Insurance	Carrier

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will provided.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Producing Agent \_\_\_\_\_ Date \_\_\_\_\_

Agent Name and Address \_\_\_\_\_