

# BUILDERS RISK

NEW COMMERCIAL/RESIDENTIAL CONSTRUCTION APPLICATION



## AGENCY INFORMATION

|                               |       |          |  |
|-------------------------------|-------|----------|--|
| Agency Name                   |       |          |  |
| Broker Name                   |       |          |  |
| Agency Mailing Address Street |       |          |  |
| City                          | State | Zip Code |  |
| Phone                         | Email |          |  |

## SECTION 1: Insured Information

|  |       |          |         |       |
|--|-------|----------|---------|-------|
| Insured Name                                 |       |          |         |       |
| Property Address Under Construction – Street |       |          |         |       |
| City   | State | Zip Code | Country |       |
| Insured Mailing Address - Street             |       |          |         |       |
| City   | State | Zip Code | Country |       |
| Contact name                                 |       |          |         | Phone |
| Email Address                                |       |          |         |       |

## SECTION 2: Builder Information and Eligibility

|   |       |          |               |
|---|-------|----------|---------------|
| Is Insured the owner, builder or builder/owner?   | Owner | Builder  | Builder/Owner |
| Builder Name  |       |          |               |
| Builder Address – Street  |       |          |               |
| Builder Address – City  | State | Zip Code |               |
| Does the builder have two years' experience?  | Yes   | No       |               |
| Is the project brand new construction?  | Yes   | No       |               |
| Is the structure a 1-4 unit family building?  | Yes   | No       |               |
| What is the intended occupant of the building?  |       |          |               |
| What is the total # of structures for this location?                                      |       |          |               |
| Is the builder insuring other properties with Schinnerer within 100 ft of this structure? | Yes   | No       |               |
| If yes, what is the total value of all structures?  |       |          |               |
| Has the insured been cancelled or non-renewed by any previous insurance carrier?          | Yes   | No       |               |
| Has the builder had any builders risk losses in the last three years?                     | Yes   | No       |               |
| If yes, please provide amount, date and description.                                      |       |          |               |
|   |       |          |               |
| Is debris removed from site at regular intervals?   | Yes   | No       |               |

▶ SECTION 3: Property Information

What is the county?

Construction type?  Protection class?

What is the square footage?  How many stories in the building?

Will the structure be occupied during construction?  Yes  No

Were there any previous losses at this location?  Yes  No

▶ SECTION 4: Project and Coverage Information

Has the project started?  Yes  No  What was or will be the start date?

What is the estimated completion date?

Is the structure modular or mobile?  Yes  No

Does the project involve 'tilt up' construction?  Yes  No

If project started what is the percentage complete?

Total completed value of one structure?

Total completed value of all structures? (would be the same as the value provided for the above question if there is not a stand-alone barn or garage)

Select a deductible

▶ SECTION 5: Coverages included in policy

Select the optional coverages and associated limits you want include in this submission?

|  | Current Limit | Desired Limit       |
|--|---------------|---------------------|
| Collapse   | Included      | Cannot be increased |
| Scaffolding, construction forms and temporary structures | \$20,000      |                     |
| Debris Removal   | \$150,000     |                     |
| Discharge from sewer, drain or sump                      | \$5,000       |                     |
| Fire department service charge                           | \$10,000      |                     |
| Valuable papers and records                              | \$20,000      |                     |
| Pollutant clean up and removal                           | \$15,000      |                     |
| Ordinance of law – direct damage                         |               |                     |
| 1. Coverage for loss to undamaged portal of building     | Included      | Cannot be increased |
| 2. Demolition cost coverage                              | \$100,000     |                     |
| 3. Increased cost of construction                        | \$100,000     |                     |
| 4. Combined aggregate                                    | \$150,000     |                     |
| Preservation of property                                 | Included      | Cannot be increased |
| Reward payments  | \$10,000      |                     |
| Property at a temporary storage location                 | \$100,000     |                     |
| Property in transit                                      | \$100,000     |                     |
| Expediting expenses                                      | \$50,000      |                     |
| Limited coverage for "fungi," wet rot and dry rot        | \$5,000       |                     |
| Soft costs   | \$100,000     |                     |

▶ SECTION 6: Additional Coverages - Select the optional coverages and associated limits

|                                   |     |    | Desired Limit |
|-----------------------------------|-----|----|---------------|
| Green Builder                     | Yes | No |               |
| Contract Change Order Endorsement | Yes | No |               |
| Flood                             | Yes | No |               |
| Earthquake                        | Yes | No |               |
| Business Income & Extra Expense   | Yes | No |               |
| Extra Expense                     | Yes | No |               |
| Testing                           | Yes | No |               |
| Permission to occupy              | Yes | No |               |

▶ SECTION 7: Wind Coverage Information

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA).

|  |     |    |
|--|-----|----|
| Do you want to exclude wind?   | Yes | No |
| Is the structure located within 1,000 feet of ocean, sea, bay or gulf? | Yes | No |
| Is the building on pilings?  | Yes | No |

▶ SECTION 8: Additional Interest

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

|                        |       |             |  |
|------------------------|-------|-------------|--|
| Name                   |       | Loan number |  |
| Mailing Address Street |       |             |  |
| City                   | State | Zip Code    |  |

▶ SECTION 9: Additional Information - Please provide any additional information for this submission:

▶ SECTION 10: Billing - options includes direct or agent bill. Premium is due in full 10 days after the effective date.

|             |            |
|-------------|------------|
| Direct bill | Agent bill |
|-------------|------------|

I have reviewed and agree to comply with the terms and conditions for this portal. In additional, I have reviewed the application information and agree it is accurate and complete.