

SCHINNERER 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
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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.