

## Builder's Risk Application

Named Insured	
First Named Insured:	Insured Mailing Address:
Other Named Insureds:	
Years in Business:	Website Address:
Description of Operations:	
General Contractor	
Who is the General Contractor (if not the named insured):	
GC Experience:	
Policy Term	
Effective Date:	Expiration Date:
Underwriting Information	
Project Address:	
County:	
ISO Public Protection Class:	Number of Buildings:
Number of Stories:	Square Footage:
Future Occupancy:	Distance to Coast:
Describe Site Security (fencing, lighting, camera or video monitoring, central station burglar alarm during construction, central station smoke alarm during construction, JIT materials, how are materials secured?)	
Construction Type	
Construction Type: Choose One:	Type of Construction: Choose One:
Limits Requested	
Hard Costs:	Delay in Completion:
Loss of Rents:	Business Income:
Property in Transit:	Property in Storage:
Earthquake:	Flood:
Mechanical Breakdown:	Other:

## Deductibles Requested

AOP deductible:

Loss of Rents and/or Business Income Waiting Period:

Earthquake:

Flood:

## Permission to Occupy

Do they need Permission to Occupy coverage?

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant Name:

Broker Name:

Signature:

Signature:

Date:

Date: