

BUILDERS RISK APPLICATION

Applicant Name: _____

Mailing Address: _____

Contact Name: _____

Business Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

Project Name: _____

Project Location: _____

Applicant is (check all that apply) :

- Developer Owner Occupant General Contractor
 1st Tier Subcontractor Tenant Mortgage Holder

Anticipated Start Date: _____ Completion Date: _____

Type of Policy Requested: Completed Value Reporting Form

Complete if applicant is not the general contractor:

General Contractor: _____

Years in business: _____ Largest Previous Job: _____

Is this project bonded? Yes No Surety Company: _____

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Project Description (construction materials, square footage, occupancy, etc) :

- Protection:** 24 Hour Security Night Watchman Central Station Alarm
(Check all that apply) 100% Interior Project Deadbolt Locks Security Lighting
 Fenced Job Site Storage Trailer Sprinklers

Distance to Fire Dept: _____ Miles Distance to Fire Hydrant: _____ Feet

Limits Requested:

- Completed Value: \$ _____
- Property on Site: \$ _____
- Property in Transit: \$ _____
- Off-site Storage: \$ _____
- Loss of Income: \$ _____
- Soft Costs: \$ _____
- Deductible: \$ _____

Lienholder Name: _____

Mailing Address: _____
