



## Builders Risk Supplemental Application

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### Exposure(s)

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Construction:       Frame                                       Joisted Masonry                                       Masonry Non-Combustible  
                          Non-Combustible                                       Modified Fire-Resistive                                       Fire-Resistive

Project is:             Single Job                                       Multiple Projects                                       Addition  
                          New Construction                                       Renovation

Is this an extension of an existing Builders Risk Policy?                                       Yes       No

Any unusual construction materials, techniques, locations or final occupancies?                                       Yes       No

If Yes, please explain: \_\_\_\_\_

Apartment or Condominium Complexes?                                       Yes       No

Any multi unit construction such as tract homes, town homes or patio homes?                                       Yes       No

Any communication Towers?                                       Yes       No

Any bridges or tunnels?                                       Yes       No

Any structures exceeding 3 stories or 50 ft in height?                                       Yes       No

Is Job site Fenced?                                       Yes       No

Is Job site Lighted?                                       Yes       No

Any removal, replacement or alteration of Load bearing walls?                                       Yes       No

If Yes, please describe: \_\_\_\_\_

Any excavation beneath or raising of an existing structure?                                       Yes       No

If yes, please describe: \_\_\_\_\_

Any rigging or hoisting operations?                                       Yes       No

Any underground construction?                                       Yes       No

If yes, please describe: \_\_\_\_\_

Any aircraft property?                                       Yes       No

Any grain silos?                                       Yes       No

Any over water exposures?                                       Yes       No

Mortgagee/Loss Payees: \_\_\_\_\_

Number of floors above ground: \_\_\_\_\_ Below Ground: \_\_\_\_\_

Off site storage Location, Description and Protection: \_\_\_\_\_

Maximum Values @ Risk \$                                      \$ \_\_\_\_\_

Transit Methods: \_\_\_\_\_

Maximum Value any one shipment?                                      \$ \_\_\_\_\_

Protection Class: \_\_\_\_\_ Distance to Fire Station: \_\_\_\_\_ Paid or Volunteer Firemen? \_\_\_\_\_

Private Fire Protection Available? \_\_\_\_\_ Distance to operating Fire Hydrant: \_\_\_\_\_

Patrolled by watchman after working hours?                                       Yes       No

Regularly patrolled by Police?                                       Yes       No

Describe other protective measures:                                       Yes       No

Additional Comments: \_\_\_\_\_

## Builders Risk Supplemental Application

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?

Yes  No

If yes, please describe. \_\_\_\_\_

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?

Yes  No

If yes, please describe. \_\_\_\_\_

### Loss History

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claims Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|--------------------------------|
|              |                     |             |                 |                                |
|              |                     |             |                 |                                |
|              |                     |             |                 |                                |
|              |                     |             |                 |                                |

### Prior Carrier Information

| Year | Carrier | Premium |
|------|---------|---------|
|      |         |         |
|      |         |         |
|      |         |         |
|      |         |         |
|      |         |         |

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Agents Signature \_\_\_\_\_