

Builder's Risk Application

Insured's Information

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ E-Mail Address _____

Insured's form of business ☐ Partnership ☐ Individual ☐ Corporation ☐ LLC ☐ Other _____
Is the builder's name different than the named insured? ☐ Yes, the builder's name is _____ ☐ No
Does builder/remodeler/owner/GC have at least two years' experience? ☐ Yes ☐ No
Number of structures/projects built/remodeled during the past 12 months ☐ 1-2 ☐ 3-50 ☐ 50+ Other Number _____
Number of structures/projects projected for the next 12 months ☐ 1-2 ☐ 3-50 ☐ 50+ Other Number _____
Has the builder/remodeler and/or structure had any single loss over \$10,000 in the last 3 years (include insured/uninsured losses)?
☐ No ☐ Yes If "Yes" please include the date, description, and amount of each loss below

Type of Project ☐ New Construction ☐ Remodel
If this is remodel, do you need coverage for the existing structure? ☐ Yes ☐ No
If yes, Existing Structure \$ _____ Amount of renovations \$ _____ Total \$ _____
Will the Existing Structure be covered on any other policy? ☐ Yes ☐ No
Describe renovations being done _____
Type of Property ☐ Residential ☐ Commercial
Policy Effective Date _____
Policy Period ☐ 1 Year ☐ 9 Months ☐ 6 Months
Property Address Line 1 _____
Property Address Line 2 _____
Property City _____
Property State _____
Property Zip _____
Property County _____

Will the contractor be insuring more than one building/project on this policy or are there any other buildings insured with Zurich within 100 feet of this structure written on another policy?
☐ No
☐ Yes, the total estimated completed value of all structures under construction within 100 feet and insured with Zurich, including this one is \$ _____

Construction Material
Wood ☐ Joisted Masonry ☐ Non Combustible ☐ Masonry Non Combustible ☐ Fire Resistive ☐ Metal ☐ Other: _____ ☐
What % of the structure is glass? _____ Is the glass impact resistant? ☐ Yes ☐ No

Protection class _____ Number of stories _____
Intended occupancy _____ Describe actual occupancy _____
Will structure be occupied during construction? ☐ No ☐ Yes, by _____
Square footage including basement _____ sqft
Any previous losses at this location as a result of quake, flood, wind, fire or vandalism?
☐ No ☐ Yes, below is an explanation of all losses including the peril involved, amount of the loss and date of the loss:

Is this a model home? ☐ Yes ☐ No
Has the project started? ☐ Yes, project started on this date _____ and is _____ % completed. ☐ No
Expected completion date of project _____
Is there a sales contract on this structure? ☐ Yes ☐ No
Is the structure modular? ☐ Yes ☐ No

If insuring multiple buildings (maximum 2 for residential) at one location, please enter the largest single building value under the any one structure limit and the total of all building values under the all covered property limit.

Base Coverages

Coverage description	Limit	Deductible
Total completed value of any one structure (<i>greater than \$3,000,000 will require underwriter approval</i>)		
Total completed value of all covered property (<i>greater than \$3,000,000 will require underwriter approval</i>)		

Additional Coverages

The following additional coverages apply to this policy. Depending on the policy type and coverage, you may increase the limits by entering the value into the limits field (reporting form policies not eligible for increase). An increase limit will result in an increase in premium.

Coverage description	Limit
Back-up or overflow of sewer, drains or sumps	
Debris removal	
Fire department service charge	
Ordinance or law	
Loss to the undamaged portion of the building	
Demolition cost	
Increased cost of construction	
Combined aggregate for demolition cost and increased cost of construction	
Pollution cleanup and removal	
Reward	
Scaffolding, construction forms and temporary structures	
Scaffolding re-erection	
Coverage description	
Property at a temporary storage location	
Property in transit	
Valuable Papers and Records	

The following optional coverages are available by endorsement for an additional premium charge.

Coverage description	Limit	Deductible
Better green endorsement- Building rating _____		
Expediting expense		
Change order endorsement ☐ Yes ☐ No		
Development/subdivision fences, walls or signs		
Earthquake Zone _____		
What is the building shape? _____ Include coverage on the structure's exterior walls with more than 10% of masonry veneer		
Flood Zone _____		
Basement _____		
Does this project consist of multiple buildings? ☐ Yes ☐ No		
How many buildings are in this project? _____ If this risk is held underwriting will be requesting the following information with respects to projects involving multiple buildings: 1. Number of buildings in the project 2. Number of stories per building 3. Value of each building 4. Square footage of each building 5. Start and completion date of each building 6. Will permanent coverage be placed on each building as it is completed? 7. Distance between each building (provide a plot plan)		
Testing Coverage for Building Systems – Add testing coverage for buildingsystems coverage ☐ Yes ☐ No		

Coverage description	Limit	Deductible
Soft costs Soft costs include: 1. Advertising & promotion expense 2. Interests on Construction Loan 3. Architect, Engineer & Consultant Fees 4. Real estate & Property Tax Assessments 5. Commissions or fees for renegotiation of leases 6. Insurance Premiums 7. Legal and Accounting Fees 8. Fees for Licenses & Permits		

Current Interests?					
☐ No ☐ Yes, the additional information is as follows:					
#	Name	Address	City	State	Postal Code

Base coverages	Limit	Rate	Premium
Total completed value of any one structure			
Total completed value of all covered property			
\$5,000 deductible applicable to losses to covered property			

Additional coverages	Limit	Rate	Premium
Back-up or overflow of sewer, drains or sumps			
Debris removal			
Fire department service charge			
Ordinance or Law			
Loss to the undamaged portion of the building			
Demolition cost			
Increased cost of construction			
Combined Aggregate for Demolition Cost and Increased Cost of Construction			
Pollution cleanup and removal			

Base coverages	Limit	Rate	Premium
Reward			
Scaffolding re-erection			
Scaffolding, construction forms and temporary structures			
Property at a temporary storage location			
Property in transit			
Valuable papers and records			

Optional coverages	Limit	Rate	Premium
Totals and surcharges			
Premium all coverages			
Total policy premium			

Insured's Signature _____

Date _____

Send fully completed application to: EMAILREC@JKRAR.COM
Please remember to attach this completed application to your email submission!