

**Builders Risk Project Application
New Construction****Name of Insured:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Name of Contact: _____

Name of Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Name of Contact: _____

Years in business: _____ Number of projects built in the past 12 months: _____

Prior loss history of contractor: _____

Mortgagee(s): _____ (If "none", indicate financing for project)

Address: _____

City: _____ State: _____ Zip: _____

Location of Construction Site: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Building Construction: Frame Joisted masonry Non-Comb. Mas. Non-comb. Fire Resist.

Number of stories _____ Total sq. ft. _____ Protection Class _____

Working Fire Hydrants? Yes No

Planned Occupancy _____

If multiple buildings, please attach plot plan and schedule of buildings.

Coastal properties -- Distance from coast: _____

Security on Site:Full Perimeter fencing: Yes NoSecurity guard/watchman during off-hours? Yes No**Building Value:** \$ _____

Deductible Requested \$ _____

Planned start date of project: _____

Duration of project (months): _____

Prior Loss History for the insured: _____

Attached loss information if available.

The undersigned certifies that the answers herein are true and correct to the best of his/her knowledge. Signing of this application does not bind the insurer to complete the insurance but it is agreed that this form shall be the basis of a contract, should a policy be issued.

Signature of Applicant_____
Date