

Builder's Risk Supplemental Application

Insured Information				
Named Insured				
DBA	Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Number of Years in Business	
Name Of Contractor (If Different From Named Insured)				
Contractor Mailing Address				
Loss History / 5 Years				
Estimated Start Date of Project		Estimated Completion Date of Project		Estimated Term of Project (Months)
Currently Under Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Original Start Date	Percent Completed		Values Completed
(If Yes To Prior Start Attach Prior Start Questionnaire Required)				
Limits of Liability				
Total Completed Value of Project			Temporary Storage	
Loss Limit (If Applicable)			Transit	
Optional Coverages: (Must Be Checked)				
<input type="checkbox"/> Windstorm: Is project location eligible for coverage in a Wind Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – maximum limit available in Wind Pool? \$ _____				
<input type="checkbox"/> Earth Movement: ISO Earthquake Zone: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
<input type="checkbox"/> Flood: FEMA Flood Zone: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V If Zone A or V: 100 Year Base Flood Elevation? _____ Elevation of First Finished Floor? _____				
<input type="checkbox"/> Soft Costs: \$ _____ (must attach complete breakdown)				
<input type="checkbox"/> Loss of Rents: \$ _____ Loss of Earnings: \$ _____				
Deductibles				
All Other Perils (Catastrophe Peril Deductible will be determined by the Company)				
<input type="checkbox"/> \$500 (Residential Only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____				
Project Information				
Location Address				
City	County	State	ZIP Code	
Project Type <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial		Public Protection Class		City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside

