



P.O. Box 1180, Santa Rosa, CA 95402  
Telephone: 888-693-7892 Fax: 866-577-7595

**Builder's Risk Application**

Agent \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Insured's Name \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Insured's Address \_\_\_\_\_

Insured's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If insured is the owner/builder, we will need contractor's license number \_\_\_\_\_

Has the applicant filed bankruptcy within the last 10 years? Y or N

Description of Named Insured: 1) Owner 2) Contractor 3) Owner/Contractor

Business Description: 1) Homebuilder or 2) Commercial General Contractor

Type of Construction - **Please circle one of the following below:**

Fire Resistive/Modified Fire Resistive	Masonry Noncombustible	Noncombustible	Joisted Masonry
Frame			

Form of Business - **Please circle one of the following below:**

Individual	Partnership	Corporation	Joint Venture	Other _____
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Are you a member of the Steel Framing Alliance? Y or N Property State \_\_\_\_\_

Protection Class: 1,2,3,4,5,6,7,8,9 or 10

Has project Started? Y or N, If no will project begin within 60 days of policy effective date. Y or N

If already started, date started \_\_\_\_\_ Percentage Completed \_\_\_\_%

Type of Project:

\_\_\_\_\_ New Construction

\_\_\_\_\_ Remodeling/Renovation excluding coverage for the existing structure.

\_\_\_\_\_ Remodeling/Renovation including coverage for existing structure.

Property Address \_\_\_\_\_

Property City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_ Square Feet \_\_\_\_\_

Number of Stories \_\_\_\_\_

Value of all covered property at all locations \$ \_\_\_\_\_

Value of any one structure \$ \_\_\_\_\_ (**Must be equal to the amount of shell plus renovations**)

Deductible Options: \$1,000. \$2,500. or \$5,000

Type of Property:

\_\_\_\_\_ Residential (1-4 Family Dwellings)

\_\_\_\_\_ Commercial

Is the structure modular? Y or N

Is the location apartments, condominiums, or multi-unit structures? Y or N

Estimated length of project \_\_\_\_\_ months or \_\_\_\_\_ years

Any coverage for development/subdivision fences, walls or signs? Y or N

Is the structure undergoing repair or replacement due to prior damage? Y or N If yes, please explain.

Is there a current active brush or wildfire within 50 miles? Y or N

Is there a sales contract on this structure? Y or N

What type of security is to be provided while the building is under construction? \_\_\_\_\_

Mortgage Name \_\_\_\_\_

Mortgage Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Is the builder's name different than the name insured? Y or N If yes, please provide the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

License number \_\_\_\_\_

Would you like to add the builder as additional insured? Y or N

Would you like to add any other additional insureds? Y or N

If yes, the following is required: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Client \_\_\_\_\_

**CONTRACTORS / BUILDERS INFORMATION:**

Does the builder/remodeler have at least 2 yrs experience? Yes or No

Is contractor insuring more than 1 building being constructed within 100 ft. from each other at this project site? Y or N If yes, estimate complete value of all structures under construction with 100 ft.

\$ \_\_\_\_\_

Number of structures rebuilt/remodeled during the past 12 months? 1-2 3-50 Other \_\_\_\_\_

Number of structures projected for the next 12 months? 1-2 3-50 Other \_\_\_\_\_

Loss experience for the last 3 yrs? \_\_\_\_\_ None

Indicate cause of loss for any claim over \$5,000 \_\_\_\_\_

**RENOVATION / REMODEL SECTION ONLY** – Please complete this section only if applicable:

Will the structure being occupied during construction? Y or N Age of dwelling? \_\_\_\_\_ Yrs

Is the existing structure considered historical? Y or N

What is the purchase price of the shell? \$\_\_\_\_\_

What is the amount of renovations/improvements? \$\_\_\_\_\_ (*Value of all covered property must be equal to amount of renovations plus shell*)

What is the value of all covered property at all locations? \$\_\_\_\_\_

Description of Work:

\_\_\_\_\_ Remodel-Remodeling of interior finishes: exterior painting: replacement of interior fixtures, cabinets, flooring etc.. No structural changes

\_\_\_\_\_ Remodel/Minor Structural-Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.) Roof replacement, ground floor addition and all non-structural changes such as HVAC, plumbing and electrical.

\_\_\_\_\_ Restructuring-Repair, replace, remove load bearing walls, adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering.

Description of work to be performed: \_\_\_\_\_  
\_\_\_\_\_

Will the existing structure be insured by another policy during construction? Y or N If yes, the risk is not eligible.

Existing structures year built? \_\_\_\_\_

Does the building have an operable sprinkler system? Y or N

Date existing structure was purchased: Month\_\_\_\_\_ Date\_\_\_\_\_ Year\_\_\_\_\_

Please provide a brief description of the structure to be renovated and condition of the existing structure.

\_\_\_\_\_  
\_\_\_\_\_

When was the following last updated? Heating System\_\_\_\_\_ Electrical System\_\_\_\_\_

**END OF RENOVATION / REMODEL SECTION:**

Would you like any of the following coverage's included?

Earthquake \_\_\_ including masonry veneer? \_\_\_ Flood \_\_\_(Must be declined by National Flood Program)

Agent's Signature\_\_\_\_\_

*Please fax the completed application to 1-866-577-7595*

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