Builder's Risk Supplemental

1) Project Overview

Project Name	_____
Project Address	_____
Start Date	_____
Completion Date	_____
Intended Occupancy	_____

Project is Similar to others undertaken by Contractor: Yes ☐ No ☐

Project Description:

_____

_____

2) Insured & Contacts

Named Insured	_____
Mailing Address	_____
Inspection Contact	_____
Financial Status Details	_____

3) Contractor Experience

GC Name	_____
Years of Experience	_____
No. of Projects last 12 months	_____
Subcontract %	_____

Has the CG had any single loss of $25,000 in the last 5 years? Yes ☐ No ☐

If yes, please elaborate?

_____

_____

4) Site & Building Details

ISO PC	_____
Neighborhood Type	_____
Number of Buildings	_____
Roof Type	_____

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Construction Type: Frame ☐ Joisted Masonry ☐ Masonry Noncombustible ☐ Fire Resistive ☐

Construction Type: Other ☐ _____

Number of Stories: _____

Construction involves Standard Construction Techniques Only? Yes ☐ No ☐

If No, please elaborate?

_____

_____

Has the project already started? Yes ☐ No ☐

If yes, original start date and % complete currently? _____

5) Protections & Security

Fenced: Yes ☐ No ☐ **Lighted:** Yes ☐ No ☐ **Camera System:** Yes ☐ No ☐

Fire Hydrant within 500 feet or project site: Yes ☐ No ☐

Fire Dept Info: _____

6) Catastrophe, Flood & EQ

Flood Required? Yes ☐ No ☐

Flood Zone	_____
Earthquake Zone	_____
Distance to Water	_____

7) Limits & Deductibles

Hard Costs	_____
Soft Costs	_____
Existing Structure	_____
Total Insured Value After Completion	_____
Wind Deductible	_____

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8) Coverage Requests

Coverage Options:

_____

Other Coverages:

_____

Requested Sublimits:

_____

9) Renovation Addendum

Original Year Built	_____
$ Value Before Renovations	_____
$ Value After Renovations	_____
Vacancy	_____
Structural Work	_____

Will Load-Bearing Walls be Removed: Yes ☐ No ☐

Scope of Work:

_____

_____

_____

_____

10) Declarations & Signatures

Applicant Signature: _____

Date: _____

Producer Signature: _____

Date: _____