

Corporate ID	
Insured	
City and Street	ZIP
Policy #	
Agent Signature	AGENT #

**BUILDER'S RISK SUPPLEMENTAL APPLICATION
 COMPLETE IN FULL**

A. Coverage Information

- Quote needed by _____ Bound (attach copy of binder)
- Effective Date (Date construction began) _____
- Expected completion date _____

B. Property Coverage Information (100% completed value)

- Description and Location of property.

DESCRIPTION AND LOCATION OF PROPERTY				
Bldg. Const. _____	Address _____			100% COMPLETED BUILDING VALUE
Occupancy _____				
Prot. Class _____		County _____	State _____	

- Mortgagee _____ Loan # _____
- Deductible Amount. \$ _____
- Coverage Special Builders' Risk Form PCM-7406.
 Optional Coverage under PCM-7406:
 Property in Transit \$ _____
 Property Temporarily in Storage \$ _____
 Loss by theft in any one occurrence \$ _____

*Loss by theft is only available if materials are in a fenced area or in a locked building.

C. Protection

- Miles to Fire Department _____
- Feet to Water Hydrant _____
- Inside Outside City Limits
- Name of Fire Department _____
- If no hydrant within 500 feet, what is the source of water? _____
- Is building accessible from four sides? Yes No If no, please explain. _____
- Distance to the nearest building _____
- Building site area
 Fenced? Yes No Watchmen Yes No If yes, how many? _____
 Lighted? Yes No Police Visitation Yes No If yes, how often? _____
 Alarm System? Yes No
- Estimated cost of material \$ _____ Estimated cost of labor \$ _____ Contract cost \$ _____
- Storage: Within 100 feet of premises Elsewhere Give details of procedures and controls: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (This statement is required by the laws of New York and Ohio when this application is used in those states. The laws of other states may be different.) New York only shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Cost Estimating Form for each building is required.

Insured or Authorized Representative _____ Date _____

INSURED MUST SIGN THIS APPLICATION TO BE VALID APPLICATION

D. General Information

1. Construction: (Check all that apply)

Is new construction an addition to an existing building? Yes No If yes, what is occupancy and location of the building/addition? _____

If no, give distance to existing buildings: _____

(a) Foundation: Concrete block Poured reinforced concrete Other _____

(b) Wall: Frame Masonry over frame Masonry over concrete block
 Concrete block Metal Poured reinforced concrete Other _____

Wall Height _____

(c) Supports: Steel Steel protected in concrete Concrete Wood Other _____

(d) Floor: Wood Metal Poured reinforced concrete Other _____

(e) Roof: Wood Metal Poured reinforced concrete Other _____

(f) Insulation: Yes No If yes, give type: _____

(g) Is building built on fill? Yes No

(h) Number of stories, excluding basement: One Two Three Bi-level Basement

(i) Features: Air conditioned Alarm system Sprinkler system
 Elevator (indicate number: _____) Built-in appointments

2. Give square feet of building or addition (when completed): Basement _____ Ground Floor _____
Upper stories if different from ground floor _____ Total _____

3. Was building designed by architect? Yes No

4. Have building plans been approved by local authority? Yes No
Will all deviations from original plan be approved in writing by owner and builder? Yes No

5. What percent of the building is being built by: _____% Union Labor
_____% non-Union Labor _____% Donated Labor _____% Other (explain) _____

6. What area is donated labor used for: Electrical Wiring _____ Concrete _____ Roofing _____
Heating _____ Plumbing _____

7. Does donated laborers have experience with building projects? _____ If yes, indicate the extent: _____

8. Is the applicant acting as its own general contractor? Yes No If yes, answer the following:

(a) Provide details of the qualifications of the project supervisor: _____

(b) Will all contracts with subcontractors be reviewed by legal counsel? _____

(c) What arrangements have been made for Workers' Compensation coverage? _____

9. Is applicant hiring a general contractor? Yes No

If yes, answer the following:

(a) Name and address of the general contractor: _____

(b) How long has general contractor been in business? _____ years.

(c) Has the general contractor provided a performance bond? Yes No

(d) Has a written contract been executed between the applicant and contractor? Yes No

If yes:

(1) Attach a copy of the contract.

(2) Has contract been reviewed by legal counsel? Yes No

(3) Who is responsible for Workers' Compensation coverage? _____

(4) What arrangements has the general contractor made for insurance? _____

(5) Please send copies of Certificates of Insurance for Liability and Workers' Compensation policies from all contractors.

If no:

(1) Explain what arrangements have been made: _____

10. Indicate all Property and Liability losses by insured and/or general contractor for past 3 years (date, amount and cause): _____

