



BUILDERS RISK NEW CONSTRUCTION SUPPLEMENTAL APPLICATION

(Complete in addition to Acord App)

APPLICANT INFORMATION:

NAME: _____	PROPOSED EFF. DATE: FROM: _____ TO: _____
MAILING ADDRESS: _____	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS _____
INTEREST OF APPLICANT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER _____	

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, STATE, ZIP CODE	PC	CONSTRUCTION TYPE	SQUARE FOOTAGE	# OF STORIES

DESCRIPTION OF PROJECT BY PREMISE(S)

GENERAL INFORMATION

1. Is this ground up construction? (If NO , complete General Star Builders Risk Renovations Application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Completed Value:	_____
3. Estimated length of project:	_____
4. Is project on filled land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any construction work started?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If YES , when did construction start? _____ b. Why did construction stop? _____ c. Please provide details on the state of the project and coverage. _____ _____ _____	
6. Has jobsite been abandoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Describe security at job site: <input type="checkbox"/> NONE <input type="checkbox"/> GUARD (24hrs.) <input type="checkbox"/> GUARD (NIGHT ONLY) <input type="checkbox"/> LIGHTED <input type="checkbox"/> FENCED	
8. Intended Occupancy:	_____
9. Limit at Temporary Location:	_____
10. Transit Limit:	_____
11. If a coastal location, provide distance to tidal water:	_____

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12. Is building being built as speculative property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , has insured built on speculation in the past	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Experience and background of general contractor and subcontractors	
- Name of contractor: _____	
- How long has contractor been in business? _____	
- Has insured filed for bankruptcy in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Is contractor licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Does contractor carry at least \$1,000,000 in General Liability Limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Has contractor completed this type of project before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Any losses on other past builders risk policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , describe: _____ _____	
14. Does any demolition work need to be done prior to construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are Certificates of Insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**



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