



BUILDER'S RISK SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

| Location Address | Street | City | County | State | ZIP Code |
|------------------|--------|------|--------|-------|----------|
|------------------|--------|------|--------|-------|----------|

UNDERWRITING INFORMATION

1. Number of years' experience:

2. Describe the work to be performed:

3. Date construction is planned to: Begin: | End:

If construction is not expected to occur on a continuous basis, provide explanation:

4. Will any portion of the structure be occupied prior to completion of the project? Yes No

If yes, describe occupancy:

5. Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry:

| | Yes | No |
|--|--------------------------|--------------------------|
| 6. Are vagrants known to have occupied this structure in the past? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Does the job involve any of the following:

- | | | |
|---|--------------------------|--------------------------|
| a. Demolition of the structure | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Structural alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Extensive gutting | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Modular units or mobile homes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Evacuation | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Unique or Experimental design | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Renovation after fire/vandalism | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Lead/Asbestos/Other Pollutant Removal | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Piers, wharfs, docks, TV and radio towers | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Multiple buildings | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Multi-family housing or residential condominiums or residential apartments in excess of 15 units | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all YES answers:

8. Is the structure sprinklered? Yes No

If yes, has the system been turned off? Yes No

9. Are you the: Building Owner **not** acting as a General Contractor

Building Owner acting as a General Contractor

General Contractor who does not own the building

Real Estate Developer

10. Do you subcontract work to others? Yes No *If yes, answer the following questions:*

a. Type of work:

b. Cost of subcontractor's/contract labor: \$

c. Are all subcontractors required to carry insurance? Yes No *If yes, indicate:*

(1) Comprehensive General Liability Limit: \$

(2) Are you named as an additional insured? Yes No

(3) Are certificates of insurance required from subcontractors? Yes No

BUILDING INFORMATION

1. Location of structure:

| | |
|--------------|----------|
| 2. Mortgagee | Name: |
| | Address: |

3. Indicate limits for improvements/repairs (renovations) or new construction. Limits for existing structure and improvements must add up to 100% of the completed value for renovations.

| Renovation % | | | New Construction % | | |
|---------------------|--|---------------|---------------------|--|---------------|
| Existing Structure | | | Building | | |
| Improvements | | | Property in Transit | | (max. 10,000) |
| Property in Transit | | (max. 10,000) | Property Offsite | | (max. 10,000) |
| Property Offsite | | (max. 10,000) | Theft | | (max. 10,000) |
| Theft | | (max. 10,000) | | | |

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

| | | |
|---------------------|-------|------|
| Applicant Signature | Title | Date |
|---------------------|-------|------|

| | |
|--------------------|------|
| Producer Signature | Date |
|--------------------|------|

Producer Name and Address
