

BUILDER'S RISK APPLICATION

Part 1 – Insured Information

Insured Name: _____

Mailing Address: _____

Contact Name: _____

Email: _____

Phone: _____ Fax: _____

Form of Business

(Check One): Individual Partnership Corporation Joint Venture
Other _____

Business Description

(Check One): Owner Contractor Owner/Contractor

Part 2 – Builder Information

Is the Builder's name different than the named insured? Yes No

If Yes, Does the Builder need to be named as Additional Insured? _____

Enter the Builders Name? _____

How many years' experience does the Builder have? _____

Number of structures built/remodeled in the past 12 months: _____

Number of structures projected for the next 12 months: _____

Has the builder/contractor had a single loss over \$10,000 in the last 3 years? _____

(Include Insured & Uninsured Losses) _____

Part 3 – Policy Information

Policy Effective Date: _____

- Type of Project: _____ New Construction
- _____ Remodeling/Renovation **Excluding** Coverage for the Existing Structure
- _____ Remodeling/Renovation **Including** Coverage for the Existing Structure

- Type of Property: _____ Residential (1-4 Single Family Dwellings)
- _____ Commercial

- Policy Period: _____ 1 Year from Effective Date
- _____ 6 Months from Effective Date
- _____ 9 Months from Effective Date

Building Value: _____

Part 4 – Policy Information

Property Address: _____

Property City: _____

Property County: _____

Is the Contractor insuring any other buildings with Zurich within 100ft of this structure? _____

If Yes, please provide total estimated completed value of all structures under construction within 100ft and insured with Zurich, Including this one.

Construction Material: _____ Frame _____ Joisted Masonry _____ Non-Combustible

 _____ Masonry Non-Combustible _____ Fire Resistive

Protection Class: _____ 1-8 _____ 9-10

Part 4 – Policy Information (Continued)

Start/Completion Date: _____ to _____

of Stories: _____

Square Footage: _____

Roof Material: _____

Will Structure be occupied during construction? _____

If yes, by whom? _____

Part 5 – Project Information

Has the project started? ____ Yes ____ No

If yes, date started: _____

Percent completed: _____

If no, will renovations begin within 60 days of the policy effective date? _____

Is there a sales contract on this structure? ____ Yes ____ No

Estimated length of project in months _____

Scope of Work: ____ Remodel – Remodeling of interior finishes; replacement of interior fixtures, cabinets, flooring, etc. No changes to the exterior or structure.

____ Remodel/Minor Structural – Remodel work as listed above and minor changes to exterior (doors, windows, skylights, exterior painting), roof replacement, ground floor additions 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: _____

Part 6 - Coverage Information

Any coverage for development/subdivisions fences, walls or signs: ____ Yes ____ No

If yes, please enter coverage amount: _____

Do you want to exclude wind coverage: ____ Yes ____ No

Eligible for the wind pool: ____ Yes ____ No

If yes, will wind coverage be purchased through the wind pool: ____ Yes ____ No

What limit can be purchased: _____

Flood coverage: ____ Yes ____ No (Must be declined by National Flood Program)

Deductible: _____

Modular Information *(Only complete if structure is modular)*

Who provides transit coverage: _____

How are homes transported to job: _____

Estimated time to complete each structure: _____

Does the manufacture put the four sides together and let the builder finish it off?

____ Yes ____ No

Manufacturer website: _____

Apartment Occupancy *(Only complete if occupied as apartments)*

Number of buildings: _____

Number of units per building: _____

Value per building: _____

Distance between buildings: _____

Total projected completed value: _____

Will the structure be occupied during construction: ____ Yes ____ No

Part 7 – Windstorm Information

Is the structure located within 1,000 feet of tidal water or located on a barrier island:

____ Yes ____ No

Is the building being constructed on pilings: ____ Yes ____ No

If yes, enter the piling depth in feet: _____

Percent complete by November 1: _____

When will the building be capped: _____
(Reach its highest point)

When will the building be fully enclosed: _____

What percentage of the structure is glass: _____

Is the glass impact resistant: ____ Yes ____ No

Where and how will materials be stored: _____

What preventative measures are taken to mitigate losses from windstorm?

Is location shielded by hills, buildings, or any type of wind block?

Part 8 – Renovation Information

Amount of Renovation/improvements: _____

Amount of existing building or structure: _____

Total completed value of all covered property: _____

Will the existing structure be insured by another policy during the construction:

____ Yes ____ No

Year built (existing structure): _____

Does the building have an operable sprinkler system: ____ Yes ____ No

Part 8 – Renovation Information (Continued)

When was the heating system last updated: _____

When was the electrical system last updated: _____

Purchase price of shell? _____

Is the existing structure listed on any historical registry or subject to a historical society regulation: _____

Has the existing structure been moved or will it be moved as part of this project:

____ Yes ____ No

Date existing structure was purchased: _____

Any previous losses at this location as a result of quake, flood, wind, fire or vandalism:

____ Yes ____ No

If yes, explain all losses including the peril involved, amount of loss and the date of the loss: _____

Provide a brief description of the structure to be renovated and condition of the existing structure: _____

