

Installation/Builders Risk Application

Name Insured: _____ Date: _____

_____ Agent: _____

Mailing Address: _____

Insured Interest

Building Date: _____

_____ Owner _____ Contractor _____ Developer _____ Subcontractor

Other _____

Date Construction Begins: _____ Duration of Project: _____

Quote needed by: _____ Issue, Policy Period: _____ to _____

Limits of Insurance

Optional Coverages

Complete Optional Coverages Questionnaire

Const. Project \$ _____ Earthquake _____ Extra Expense _____
Transit \$ _____ Flood _____ Loss of Business Income Temporary _____
Storage \$ _____ Loss of Rents _____
Any One Loss \$ _____
Deductible _____ \$1,000 _____ \$2,500 _____ \$5,000 Other \$ _____

Construction Project

_____ New Construction _____ Addition _____ Installation of Remedial Action Systems

Construction Location _____

Project Description (*square footage, number of buildings, type of installation including materials/equipment to be installed*)

Construction ISO Cons. From Reverse _____ (materials used) _____

Adjacent Exposures _____

Installation Projects Only

Construction of building(s) in which work is being performed: _____

Is building currently occupied: _____ If Yes, will it be occupied during the installation: _____

Type of Occupancy: _____

If No, how long has it been vacant? _____ Age of building(s): _____

Protection

Public Protection Class: _____ Distance to Fire Department: _____

Distance to Fire Hydrant: _____ Paid or Volunteer: _____

Private Protection (fences, lighting, watchman, etc.): _____

Are materials stored on site: _____ Yes _____ No How are they protected? _____

Portable fire extinguisher on site: _____ Yes _____ No Trash removal provided? _____ Yes _____ No

Cutting and welding supervised? _____ Yes _____ No Trash burning on site? _____ Yes _____ No

Unsupported walls temporarily braced? _____ Yes _____ No Is smoking permitted? _____ Yes _____ No