



ESSEX INSURANCE COMPANY

SUPPLEMENTAL BUILDERS RISK APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ TELEPHONE: _____

LOCATION ADDRESS: _____

YEARS IN BUSINESS: _____ POLICY TERM: _____ TO _____

DESCRIPTION OF OPERATIONS: _____

INSURED IS: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ JOINT VENTURE.

ESTIMATED START DATE OF PROJECT: _____ PROJECT CURRENTLY UNDER CONSTRUCTION? ☐ YES ☐ NO
ESTIMATED COMPLETION DATE OF PROJECT: _____ IF YES – ORIGINAL START DATE: _____
ESTIMATED TERM OF CONSTRUCTION: _____ MONTHS % COMPLETED: _____ VALUES COMPLETED: _____

LIMITS OF LIABILITY:

TOTAL COMPLETED VALUE OF PROJECT: \$ _____ TEMPORARY STORAGE: \$ _____
LOSS LIMIT (IF APPLICABLE): \$ _____ TRANSIT: \$ _____
IF RENOVATIONS: \$ _____ VALUE OF EXISTING STRUCTURE (ACV) \$ _____ COST OF RENOVATIONS (RC) _____

OPTIONAL COVERAGES: (MUST BE CHECKED)

WINDSTORM: ☐ IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL? ☐ YES ☐ NO
IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ _____
ELEVATION OF FIRST FINISHED FLOOR? _____
SOFTS COSTS: ☐ \$ _____ (MUST ATTACH COMPLETE BREAKDOWN) LOSS OF RENTS: ☐ \$ _____
LOSS OF EARNINGS: ☐ \$ _____

DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)

\$ 1,000 ☐ \$ 2,500 ☐ \$ 5,000 OTHER \$ _____

PROJECT INFORMATION:

LOCATION ADDRESS: _____ STREET ADDRESS _____ CITY _____ COUNTY _____ ST _____ ZIP _____
PROJECT TYPE: RESIDENTIAL: ☐ SINGLE FAMILY ☐ TWO FAMILY _____ COMMERCIAL: ☐

PUBLIC PROTECTION CLASS: _____ CITY LIMITS: INSIDE ☐ OUTSIDE ☐

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS:		FEET	MILES
TOTAL SQ. FT. AREA:	# OF BUILDINGS:	APPROXIMATE DISTANCE BETWEEN BUILDINGS:	
# OF STORIES:			
INTENDED OCCUPANCY:			
CONSTRUCTION TYPE: (CHECK ONE)			
<input type="checkbox"/> FRAME		WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD	
<input type="checkbox"/> MASONRY JOIST		WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE	
<input type="checkbox"/> NONCOMBUSTIBLE		WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL	
<input type="checkbox"/> MASONRY NONCOMBUSTIBLE		WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL	
<input type="checkbox"/> FIRE RESISTIVE		WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS	
REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS			
NEAREST EXPOSED STRUCTURE:	OCCUPANCY:	DISTANCE TO:	CONSTRUCTION TYPE:
ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED?			
IF YES TO ABOVE – PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES: _____			

<u>SITE SECURITY:</u>			
SITE FENCED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SITE LIGHTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS ON SITE?	_____

<u>LOSS CONTROL:</u>			
DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FREQUENCY:	_____
PUBLIC WATER SUPPLY IN SERVICE AT SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BRUSH AREA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES – CLEARANCE FROM SITE?	_____

<u>MISCELLANEOUS:</u>
PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.): _____

THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.

THE PROPOSER AGREES THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL ARE TRUE AND THAT, IF INSURANCE IS AFFECTED, MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION VOIDS THIS INSURANCE.

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE