

BUILDER'S RISK SUPPLEMENTAL APPLICATION

UNDERWRITING INFORMATION

1. First Named Insured _____
2. Other Insured(s) _____
3. Mailing Address _____
4. Effective Date Desired _____ 5. Term Desired _____

6. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If so, give name of company, date, and reason.

7. Location of Structure _____
8. Mortgagee _____

Name: _____
Address _____
9. Causes of Loss: Broad Special Form (not available on renovations)
10. Deductible: \$500 \$1,000 Other _____
11. Protection Class _____
12. Number of Stories _____ Area (Sq. Ft.) of building _____
13. Construction: Frame Joisted Masonry Masonry Non-combustible Other _____
14. Indicate limits for improvements/repairs (renovations) or new construction. Limits for the 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)	

UNDERWRITING INFORMATION

1. Describe the work to be performed. _____
2. What date is construction planned to: Begin _____ End _____
3. Will any portion of the structure be occupied prior to completion of the project? Yes No
If yes, describe occupancy. _____
4. Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry.

5. Neighborhood type: Residential Mfg./Industrial Retail/Comm'l Rural Other _____
6. Are vagrants known to have occupied this structure in the past? Yes No
7. Does the job involve any of the following:

	Yes	No		Yes	No
Demolition of the Structure	<input type="checkbox"/>	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	<input type="checkbox"/>
Structural Alterations	<input type="checkbox"/>	<input type="checkbox"/>	Unique or Experimental Design	<input type="checkbox"/>	<input type="checkbox"/>
Extensive Gutting	<input type="checkbox"/>	<input type="checkbox"/>	Renovation After Fire/Vandalism	<input type="checkbox"/>	<input type="checkbox"/>
Modular units or mobile homes	<input type="checkbox"/>	<input type="checkbox"/>	Lead/Asbestos/Other Pollutant Removal	<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 situations present that may involve potential disputes at the worksite (e.g., strikes, lockouts, etc.)? Yes No
If yes, explain. _____
10. General contractors years of experience on similar projects: Less than 1 1 to 5 More than 5
11. 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
12. If you are the building owner:
- a. Number of other properties you own _____
 - b. Name of General Contractor _____
 - c. Amount paid for structure _____
 - d. Do you have any experience investing in real estate? Yes No If yes, describe. _____
- e. Do you subcontract work to others? Yes No If yes, answer the following questions:
- (1) Type of work _____
 - (2) Cost of subcontractor's/contract labor \$ _____
 - (3) Are all subcontractors required to carry insurance? Yes No If yes, indicate:
 - (a) Comprehensive General Liability Limit \$ _____
 - (b) Are you named as an additional insured? Yes No
 - (c) Are certificates of insurance required from subcontractors? Yes No
13. Any history of bankruptcy? Yes No If yes, give details on separate page.
14. Are there any mortgage payments (building or contents) overdue by 3 months or more? Yes No
15. Are there any tax liens against the property? Yes No
16. Has anyone with a financial interest in this structure been convicted of, or indicted for, any degree of arson, fraud, or other crime related to loss on property owned now or during the last 5 years? Yes No
17. Is there any other insurance in force or to be secured on this property? Yes No

Policy #	Status	Date	Amount of Insurance	Carrier

IMPORTANT NOTICE

DECLARATION

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

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 provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address