

**Builders Risk Supplemental**  
**(To be used in conjunction with completed ACORD applications)**



Proposed Effective Date: \_\_\_\_\_ To \_\_\_\_\_ (12:01 Standard Time at the address of the Applicant)

Applicant's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

Applicant's Interest:  Owner  Contractor  Sub-Contractor  Developer  Seller  Other, please explain \_\_\_\_\_

Years doing business under current name: \_\_\_\_\_ years      Years of experience: \_\_\_\_\_ years

Have you worked under any other name?  Yes  No      If yes, please explain \_\_\_\_\_

**Any of the following exposures are Prohibited:**

Bridges	Grain Silos
Any risk excluded by the Coastal Guidelines Section of the State Specific Guideline Section	Multi-Unit construction such as tract homes, town homes or patio homes
Over-water exposures	Tunnels
Underground construction ( <i>incidental excavation for construction of basements and utility lines is acceptable</i> )	Any towers higher than 2 stories or 65 ft
<b><i>Risk where construction has already begun-Applicable for Binding only accounts</i></b>	

Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Has there been prior coverage on this project?  Yes  No      If yes, please provide the effective and expiration date of coverage: Eff: \_\_\_\_\_ Exp: \_\_\_\_\_. Is carrier offering renewal?  Yes  No      If not, why? \_\_\_\_\_

Name and Address of General Contractor: \_\_\_\_\_

**(Attach a copy of the contract between owner and GC) (Attach a COI for contracting and contractors loss runs)**

Certificates of Insurance obtained from Subcontractors?  Yes  No

**Exposure(s):**

Location of job site: \_\_\_\_\_

Protection Class: \_\_\_\_\_ Distance to Fire Station: \_\_\_\_\_ Paid or Volunteer? \_\_\_\_\_

Private Fire Protection available?  Yes  No      Distance to operating fire hydrant: \_\_\_\_\_

Regularly patrolled by police/security?  Yes  No

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Describe any other protective measures: \_\_\_\_\_

- Construction:     Frame                               Joisted Masonry                               Masonry Non-Combustible  
                           Non-Combustible                               Modified Fire-Resistive                               Fire-Resistive

Number of floors above ground? \_\_\_\_\_ Below Ground: \_\_\_\_\_

- Project is:         Single                               Multiple Projects                               Addition  
                           New Construction                               Renovation

**Project Limits:**

**\*\* If the value of the existing structure is to be included in the coverage a copy of the most recent Inspection, Valuation or Appraisal must be attached\*\***

Completed Value of Project	\$
Existing Structure Value	\$
Property in Transit	\$
If project is Renovation, and Value of unoccupied existing structure is to be included in this coverage then :	
ACV of Existing Structure, plus	\$
Value of Renovations, Repairs, Additions	\$
Description of Project:	
List any unusual characteristics of the project:	
List types of temporary structures i.e., fencing, forms, scaffolding, field office trailers or other such properties:	
Deductible(s): \$	Property at Job Site/Other Location    \$                              Property in Transit

Is this an extension of an existing Builders Risk Policy?                               Yes     No

Any unusual construction materials, techniques, locations, or final occupancies?                               Yes     No

If yes, please explain: \_\_\_\_\_

Apartment or Condominium Complex(s)?                               Yes     No

Any multi-unit construction such as tract homes, town homes or patio homes?                               Yes     No

Any communication towers?                               Yes     No

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Any bridges or tunnels?  Yes  No

Any structures exceeding 3 stories or 50 ft in height?  Yes  No

Is Job Site fenced?  Yes  No

Is Job Site lighted?  Yes  No

Any removal, replacement, or alteration of load bearing walls?  Yes  No

If yes, please describe: \_\_\_\_\_

Any excavation beneath or raising of an existing structure?  Yes  No

If yes, please describe: \_\_\_\_\_

Any rigging or hoisting operations?  Yes  No

Any underground construction?  Yes  No

If yes, please describe: \_\_\_\_\_

Any aircraft property?  Yes  No

Any grain silos?  Yes  No

Any over water exposures?  Yes  No

Mortgagee or Loss Payee?  Yes  No

If so, provide name(s) and address(es):  
\_\_\_\_\_  
\_\_\_\_\_

Off-site storage location- description and protection: \_\_\_\_\_

Average value of materials at any one time at site \$ \_\_\_\_\_

Describe transit methods and security: \_\_\_\_\_

Maximum value any one shipment \$ \_\_\_\_\_

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No

If yes, please explain: \_\_\_\_\_

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Do you have any knowledge of events that occurred prior to the proposed effective date of this policy that may result in a claim?  Yes  No

If yes, please explain? \_\_\_\_\_

**Loss History**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

**If any losses to existing structure, then you must attach a copy of the current building inspection.**

**Prior Carrier Information**

Year	Carrier	Premium

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING-**Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_