

BUILDERS RISK PROGRAM APPLICATION

APPLICANT NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____ Email Address: _____

Policy Term: _____ Location of Property: _____

PROPERTY

New Construction: _____ Renovation: _____ Addition: _____

Current Value \$ _____ Value of Renovation/Addition \$ _____

Property Limit Requested: Building \$ _____ (100% Coins unless indicated)

Perils Requested: Fire: _____ E.C.: _____ Vandalism: _____ Other: _____

Deductible \$ _____

LIABILITY

General Liability Limits:

Occurrence: \$ _____ Personal/Advertising: \$ _____

General Aggregate: \$ _____ Medical Payments: \$ _____

Products: \$ _____ Fire Legal: \$ _____

GENERAL INFORMATION

Year Built: _____ Year Renovated: _____ Year Systems Upgraded: _____

No. of Stories: _____ Construction Type: _____ Year Roof Replaced: _____

Intended Disposition of Property (i.e., sell, rent, occupy): _____

Describe neighborhood - i.e., rural, commercial, residential: _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Bankruptcy Status: _____ Previous Carrier: _____

Mortgagee Name: _____ Mortgagee Address: _____

Other pertinent information: _____

Applicant Signature & Date

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A

MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

