



P.O. Box 1180, Santa Rosa, CA 95402
Telephone: 888-693-7892 Fax: 866-577-7595

Builder's Risk Application

Agent Telephone Email Fax Agent Code Date

Step 1: Insured's Information

Insured's Name Address City State Policy Effective date Phone Number Zip code

Form of Business - Please check one of the following below:

Individual Partnership Corporation Joint Venture Other

Description of Named Insured: 1) Owner 2) Owner/Contractor 3) Contractor

Step 2: Builders Information

Is the builder's name different than the name insured? Yes or No If yes, please provide the following:

Name Address Phone number License number

Does the builder/remodeler have at least 2 yrs experience? Y or N (If no, it is not eligible).

Number of structures rebuilt/remodeled during the past 12 months? 1-2 3-50 Other

Number of structures projected for the next 12 months? 1-2 3-50 Other

Has the builder had any single loss over in the past 3 years? Yes or No If "yes", include the date, description and amount of loss.

Step 3: Policy Information

Property State Property County

Type of Project:

- New Construction
Remodeling/Renovation excluding Coverage for the existing Structure.
Remodeling/Renovation Including Coverage for existing Structure.

Type of Property: Residential (1-4 Family Dwellings) Commercial

Step 4: Property Information

Property Address Property City State Zip code County Type of Occupancy: Square Feet Number of Stories

Is contractor insuring more than 1 building being constructed within 100 ft. from each other at this project site? Yes \_\_\_ or No \_\_\_ If yes, estimate complete value of all structures under construction with 100 ft. \$\_\_\_\_\_ .

Construction Material - *Please check one of the following below:*

Fire Resistive/Modified Fire Resistive \_\_\_ Masonry Noncombustible \_\_\_ Noncombustible  
Joisted Masonry \_\_\_ Frame \_\_\_

Protection Class: Check one: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ or 10 \_\_\_ (Must complete to get quote).

Year built (existing structure)? \_\_\_\_\_

Will Structure be occupied during construction? Yes \_\_\_ or No \_\_\_. If yes, by whom?  
\_\_\_\_\_ .

Square footage of existing structure? \_\_\_\_\_

### **Step 5: Project Information**

Has project Started? Yes \_\_\_ or No \_\_\_, If no will project begin within 60 days of policy effective date.  
Y \_\_\_ or N \_\_\_ If already started, date started \_\_\_\_\_ Percentage Completed \_\_\_%

Is there a sales contract on this structure? Yes \_\_\_ or No \_\_\_

Estimated length of project \_\_\_\_\_ months or \_\_\_ years

Is the structure modular? Yes \_\_\_ or No \_\_\_

Description of Work:

\_\_\_ Remodel-Remodeling of interior finishes: exterior painting; replacement of interior fixtures, cabinets, flooring etc.. No structural changes

\_\_\_ Remodel/Minor Structural-Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.) Roof replacement, ground floor addition and all non-structural changes such as HVAC, plumbing and electrical.

\_\_\_ Restructuring-Repair, replace, remove load bearing walls, adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering.

Description of work to be performed : \_\_\_\_\_  
\_\_\_\_\_

### **Step 6: Coverage Information**

New Structure Value: \_\_\_\_\_

Remodeling Values:

What is the actual cash value of the existing structure? \$\_\_\_\_\_

What is the amount of renovations/improvements? \$\_\_\_\_\_

What is the value of all covered property at this location? \$\_\_\_\_\_ (This amount should equal the existing structure + amount of renovations added together, which in turn should equal the value of any one structure).

Any coverage for development/subdivision fences, walls or signs? Yes \_\_\_ or No \_\_\_\_. If yes, what is the value? \_\_\_\_\_

Would you like any of the following coverage's included?

Earthquake \_\_\_ including masonry veneer? \_\_\_ Flood \_\_\_\_ (Must be declined by National Flood Program)

Deductible Options: \$1,000. \_\_\_ \$2,500. \_\_\_ or \$5,000. \_\_\_.

**Step 7: Renovations Information** – This section only applies to remodeling projects

Will the existing structure be insured by another policy during construction? Yes \_\_\_ or No \_\_\_ If yes, the risk is not eligible.

Does the building have an operable sprinkler system? Yes \_\_\_ or No \_\_\_

Is the existing structure listed on any historical registry or subject to a historical society regulation? Yes \_\_\_ or No \_\_\_

Has the existing structure been moved or will it be moved as part of this project? Yes \_\_\_ or No \_\_\_

Date existing structure was purchased? Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Any previous losses at this location as a result of quake, flood, wind, fire or vandalism? Yes \_\_\_ or No \_\_\_  
If yes, explain all losses including the peril involved, amount of the loss and the date of Loss.

Provide a brief description of the structure to be renovated and the condition of the existing structure \_\_\_\_\_  
\_\_\_\_\_

**Step 8: Additional Interests**

Is the builder's name different than the name insured? Y \_\_\_ or N \_\_\_ If yes, please provide the following:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_ License number \_\_\_\_\_

Would you like to add the builder as additional insured? Y \_\_\_ or N \_\_\_

Mortgage Name \_\_\_\_\_

Mortgage Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone Number \_\_\_\_\_

Would you like to add any other additional insureds? Y \_\_\_ or N \_\_\_

If yes, the following is required:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Client \_\_\_\_\_

**Agent's Signature** \_\_\_\_\_

*Please fax the completed application to (866) 577-7595*

*Version 11/09*