



P.O. Box 1180
Santa Rosa, CA 95402
Toll Free Telephone: 888-693-7892
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Builder's Risk Wind States Supplemental

Agent _____ Date _____

Telephone _____ Fax _____ Email _____

Insured's Name _____ Policy Period _____

Insured's Address _____

Insured's City _____ State _____ Zip code _____

Please select the appropriate answers and complete the questions below.

1) Excluding Wind Coverage? ___Yes or ___ No
(Please note- for some states there is not an option to exclude wind coverage)

2) Eligible for the wind pool? ___Yes or ___ No

If yes, will wind coverage be purchased through the wind pool? ___Yes or ___ No

What limit will be purchased? \$ _____

3) Is this structure located within 1,000 feet of tidal water or located on a barrier island? ___Yes or ___No

4) Is building being constructed on pilings? ___Yes or ___ No

If yes, what is the piling depth in feet? _____

5) Percent complete by November 1? _____%

6) When will the building be capped (reach its highest point)? ___ / ___ / 20___

7) When will the building be fully enclosed? ___ / ___ / 20___

8) What percentage of the structure is glass? _____%

9) Is the glass impact resistant? ___Yes or ___ No

Please fax back to NWC Insurance Services at (866) 577-7595