



**SUPPLEMENTAL BUILDERS RISK APPLICATION**

NEW / GROUND UP CONSTRUCTION ONLY

\*\*\* THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125\*\*\*

**INSURED INFORMATION:**

NAMED INSURED: \_\_\_\_\_

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

INSURED IS:  OWNER  CONTRACTOR

NAME OF CONTRACTOR: \_\_\_\_\_ # OF YEARS IN BUSINESS: \_\_\_\_\_  
 (IF DIFFERENT FROM NAMED INSURED)

CONTRACTOR MAILING ADDRESS: \_\_\_\_\_ LOSS HISTORY / 5 YEARS \_\_\_\_\_

ESTIMATED START DATE OF PROJECT: \_\_\_\_\_ PROJECT CURRENTLY UNDER CONSTRUCTION?  YES  NO

ESTIMATED COMPLETION DATE OF PROPECT: \_\_\_\_\_ IF YES – ORIGINAL START DATE: \_\_\_\_\_

ESTIMATED TERM OF CONSTRUCTION: \_\_\_\_\_ MONTHS % COMPLETED: \_\_\_\_\_ VALUES COMPLETED: \_\_\_\_\_

**LIMITS OF LIABILITY:**

TOTAL COMPLETED VALUE OF PROJECT: \$ \_\_\_\_\_ TEMPORARY STORAGE: \$ \_\_\_\_\_

LOSS LIMIT (IF APPLICABLE): \$ \_\_\_\_\_ TRANSIT: \$ \_\_\_\_\_

**OPTIONAL COVERAGES: (MUST BE CHECKED)**

WINDSTORM:  IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL?  YES  NO

IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ \_\_\_\_\_

EARTH MOVEMENT:  ISO EQ ZONE:  1  2  3  4  5

FLOOD:  FEMA FLOOD ZONE:  A  B  C  X  V

IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION? \_\_\_\_\_ ELEVATION OF FIRST FINISHED FLOOR? \_\_\_\_\_

SOFTS COSTS:  \$ \_\_\_\_\_ (MUST ATTACH COMPLETE BREAKDOWN) LOSS OF RENTS:  \$ \_\_\_\_\_

LOSS OF EARNINGS:  \$ \_\_\_\_\_

**DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)**

\$ 500 (RESIDENTIAL ONLY)  \$ 1,000  \$ 2,500  \$ 5,000  OTHER \$ \_\_\_\_\_

**PROJECT INFORMATION:**

LOCATION ADDRESS: \_\_\_\_\_

STREET ADDRESS CITY COUNTY ST ZIP

PROJECT TYPE: RESIDENTIAL:  SINGLE FAMILY  TWO FAMILY COMMERCIAL:

PUBLIC PROTECTION CLASS: \_\_\_\_\_ CITY LIMITS: INSIDE  OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: \_\_\_\_\_ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: \_\_\_\_\_

DISTANCE FROM COASTAL WATERS: \_\_\_\_\_ FEET \_\_\_\_\_ MILES

TOTAL SQ. FT. AREA: \_\_\_\_\_ # OF BUILDINGS: \_\_\_\_\_ APPROXIMATE DISTANCE BETWEEN BUILDINGS: \_\_\_\_\_

# OF STORIES: \_\_\_\_\_

INTENDED OCCUPANCY: \_\_\_\_\_

- CONSTRUCTION TYPE:  FRAME (CHECK ONE) WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD
- MASONRY JOIST WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE
- NONCOMBUSTIBLE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL
- MASONRY NONCOMBUSTIBLE WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL
- FIRE RESISTIVE WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

NEAREST EXPOSED STRUCTURE: OCCUPANCY: \_\_\_\_\_ DISTANCE TO: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? \_\_\_\_\_

IF YES TO ABOVE – PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

**SITE SECURITY:**

SITE FENCED?  YES  NO WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS?  YES  NO

SITE LIGHTED?  YES  NO HOURS ON SITE? \_\_\_\_\_

**LOSS CONTROL:**

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?  YES  NO FREQUENCY: \_\_\_\_\_

PUBLIC WATER SUPPLY IN SERVICE AT SITE?  YES  NO

BRUSH AREA?  YES  NO IF YES – CLEARANCE FROM SITE? \_\_\_\_\_

**MISCELLANEOUS:**

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):

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