



**SPECIALTY UNDERWRITERS**  
part of the **Crum & Forster** group

# BUILDERS RISK APPLICATION

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038  
PHONE 212 344-3000. FAX 212 422-0253

AGENCY	PROPOSED EFF DATE	PROPOSED EXP DATE
PHONE (No., Extension):	BILLING PLAN	
FAX (No., Extension):	DIRECT BILL	PAYMENT PLAN
	AGENCY BILL	

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP +4 (Of First Named Insured)			
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	LLC	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	OTHER:	
INSPECTION CONTACT				INTEREST:	<input type="checkbox"/>	OWNER	<input type="checkbox"/>
PHONE (No., Extension):						OTHER:	GENERAL CONTRACTOR

## PROJECT INFORMATION

Location of Project:  
(NUMBER, STREET, CITY, STATE & ZIP / BLOCK & LOT NO.) \_\_\_\_\_

Intended Occupancy: \_\_\_\_\_

Prior Occupancy: \_\_\_\_\_

Commencement Date of Construction: \_\_\_\_\_ Estimated Project Term: \_\_\_\_\_

Have permits already been obtained?  Yes  No (IF NO, ANSWER QUESTION BELOW)

If not, when is the estimated date that permits will be obtained? \_\_\_\_\_

<input type="checkbox"/> <b>Bid Situation:</b> Date of Bid: _____	<input type="checkbox"/> <b>Mid-Term Situation:</b> Please also fill out the Midterm Addendum
<input type="checkbox"/> <b>Ground-up Construction / New Construction</b>	
<input type="checkbox"/> <b>Renovation (Structural)*:</b> INCLUDES BUT IS NOT LIMITED TO: MOVEMENT AND/OR REPLACEMENT OF LOAD-BEARING BUILDING FEATURES (WALLS, FLOOR BEAMS, BEAMS / COLUMNS, EXTERIOR WALLS); INSTALLATION OF A NEW ROOF, A NEW ELEVATOR SHAFT, NEW STAIRWELLS, ETC.	
If a recent purchase, how much was the existing structure purchased for? \$ _____	
Will any part of the structure be removed or demolished (including half or partial-stories)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Horizontal Extension(s):</b> (ADDITIONS / EXTENSIONS ON ONE (1) OR MULTIPLE FLOORS)	
<input type="checkbox"/> <b>Vertical Extension(s):</b> (ADDITIONAL STORIES ON A SECTION OF OR OVER THE ENTIRE STRUCTURE)	
<input type="checkbox"/> <b>Renovation (Non-Structural):</b> DOES NOT INCLUDE "STRUCTURAL" WORK AS DESCRIBED ABOVE. INCLUDES COSMETIC AND NON-STRUCTURAL WORK.	
If a recent purchase, how much was the existing structure purchased for? \$ _____	

Has another prospective carrier refused coverage (cancelled, declined or renewal refused)?  Yes  No

Applicant's previous (5-year) loss history for this type of coverage (whether covered by insurance or not): \_\_\_\_\_

**Describe the Work to be Performed (including any custom work) and the Current Condition of the existing structure (if applicable):** (PLEASE ATTACH PLOT PLAN, IF AVAILABLE)

Does the structure have Landmarked Designation?  Yes  No

If yes, what features of the structure is the Landmark Preservation Commission asking to preserve? \_\_\_\_\_

Is there currently any existing Fire, Water, Collapse Damage or any other prior loss damage?  Yes  No

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

**Limits of Insurance desired applying to:**

	Valuation:	Deductible:
Existing Structures:	\$ _____	\$ _____
New Construction (Improvements & Betterments):	\$ _____	\$ _____
Materials and Supplies while in:		
Transit:	\$ _____	
Temporary Storage:	\$ _____	

**Coverage Options desired:**

		Deductible:
Soft Costs: (please attach Breakdown, if available)	\$ _____	_____ Days
Rental Income:	\$ _____	_____ Days
Flood:	\$ _____	\$ _____
Earthquake:	\$ _____	\$ _____

**Construction Type:**

- Fire-Resistive
- Modified-Fire Resistive
- Masonry Non-Combustible
- Non-Combustible
- Joisted Masonry
- Frame
- Other: \_\_\_\_\_

**Construction of:**

Floors: _____	Story Height: _____	
Walls: _____	Total Square Feet: _____	
Roof: _____	Story Height after renovations: _____	
Year Built: _____	Total S.F. after renovations: _____	
Number of Elevators: _____	No. of Basement / Cellar levels: _____	
Number of Atriums: _____	Will there be underground parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Fire Protection at construction premises:**

Number of hydrants within 500 ft: \_\_\_\_\_ Distance to fully operational hydrants: \_\_\_\_\_

Municipality Public Protection Class: \_\_\_\_\_

**Describe operational (throughout the project) fire protection facilities and/or equipment on site:**

(E.G. – AUTOMATIC SPRINKLER SYSTEM (WET, DRY CHEMICAL, ETC.), STANDPIPES, CENTRAL STATION / LOCAL FIRE ALARM, ADEQUATE NUMBER OF FIRE EXTINGUISHERS PER BUILDING CODE, ETC.)

At anytime will the describe fire protection be shut off? If yes, please describe when and for how long: \_\_\_\_\_

Describe exposures within 50 ft: \_\_\_\_\_

**Security Protection at construction premises:** \*DURING NON-WORKING HOURS

Complete Perimeter Fencing (gates closed and locked)\*?  Yes  No  
Exterior Lighting (other than public streetlights)?  Yes  No  
Guards / Watchmen\*?  Yes  No  
Existing Structures to be locked and secured\*?  Yes  No  
Surveillance Cameras (monitoring all entrances, exits and outside material storage areas)?  Yes  No  
Burglar Alarm Type: \_\_\_\_\_

**Occupancy:**

Will the structure be occupied at any time during the project term?  Yes  No  
If yes, what is the % occupied? \_\_\_\_\_ Square Feet occupied? \_\_\_\_\_  
If yes, describe the occupant(s) and where they will be located within the structure(s): \_\_\_\_\_

\_\_\_\_\_

If yes, describe the Security and Fire protection of the occupant(s): \_\_\_\_\_

\_\_\_\_\_

If yes, how will the occupant(s) be kept separated from areas under construction? \_\_\_\_\_

**General Contractor / Architect Information:**

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

\_\_\_\_\_

General Contractor's Experience with similar projects: \_\_\_\_\_

\_\_\_\_\_

Name and address of Architect and/or Design Engineer: \_\_\_\_\_

\_\_\_\_\_

Architect / Design Engineer's Experience with similar projects: \_\_\_\_\_

\_\_\_\_\_

Are interests of Sub-Contractors to be included?  Yes  No

If "Yes" list sub-contractors: \_\_\_\_\_

**Financing & Additional Interests:**

Is the financing currently secured?  Yes  No

If yes, describe the financial source: \_\_\_\_\_

Mortgagee or Loss Payee (Name and Address): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(OWNER, PRINCIPAL, OR PARTNER)

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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