



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

BUILDERS RISK APPLICATION MID-TERM ADDENDUM

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

Current Project Information:

When did construction for this project originally start? _____

What is the current Percentage Completed? _____

What is the current Value completed? _____

Did construction halt at any point in the project? Yes No

Please describe the delay(s) in the project: _____

Was there a change in the General Contractor? Yes No

If yes, what is the name and address of the previous General Contractor: _____

Scope of the Work remaining & the Current Condition of the Existing Structure:

Describe the original Scope of Work (planned work to be done since the start of construction). _____

Is there currently any change in the original Scope of Work? If yes, please describe: Yes No

Describe in detail, the work remaining, including all Structural or Custom work: _____

Are the existing structures currently fully enclosed? Yes No

Briefly describe the work completed: _____

Prior Carrier / Term information:

If there was a prior carrier, who was the prior carrier and the prior term? _____

If no, why was the project uninsured / self-insured up to this point? _____

If yes, why did the prior carrier non-renew or cancel the policy? _____

Were there any losses? If there were No Losses, please either forward Hard Copy Loss Runs or a No Loss Letter (from the beginning of the project to the date of binding). Yes No

If yes, what was the loss amount and loss cause of origin (with details)? _____

Is the claim closed or still open? _____

What was the resulting damage and has the damage already been repaired? _____