



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):		DIRECT BILL	PAYMENT PLAN
FAX (No., Extension):		AGENCY BILL	
		BILLING PLAN	

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	ID NUMBER	DATE BUS. STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	OTHER:			
INSPECTION CONTACT				INTEREST:		OWNER		GENERAL CONTRACTOR	
PHONE (No., Extension):						OTHER:			

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"/> Bid Situation: Date of Bid: _____	<input type="checkbox"/> Mid-Term Situation: Please also fill out the Midterm Addendum
<input type="checkbox"/> Ground-up Construction / New Construction	
<input type="checkbox"/> Renovation (Structural)*:	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"/> Horizontal Extension(s): (ADDITIONS / EXTENSIONS ON ONE (1) OR MULTIPLE FLOORS)	
<input type="checkbox"/> Vertical Extension(s): (ADDITIONAL STORIES ON A SECTION OF OR OVER THE ENTIRE STRUCTURE)	
<input type="checkbox"/> Renovation (Non-Structural): 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:

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

Coverage Options desired:

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

Construction Type:

Construction of:

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

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 current secured? Yes No

Mortgagee or Loss Payee (Name and Address): _____

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

Broker's Signature: _____ Date: _____

Address: _____