



BUILDERS RISK APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO: WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS
INTEREST OF APPLICANT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, STATE, ZIP CODE	Construction Type	Square Footage	# Of Stories

DESCRIPTION OF PROJECT BY PREMISE (S)

GENERAL INFORMATION

1. Is this ground up construction? (If No, complete General Star Builders Risk Renovations Application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Completed Value:		
3. Estimated length of project:		
4. Is project on filled land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has any construction work started?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has jobsite been abandoned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Protection Grade/Protection Class:		
8. Distance to nearest fire hydrant:		
9. Describe security at job site:	<input type="checkbox"/> NONE	<input type="checkbox"/> GUARD (24 hrs.)
	<input type="checkbox"/> GUARD (NIGHT ONLY)	<input type="checkbox"/> LIGHTED
	<input type="checkbox"/> FENCED	
10. Perils (All Risk or Named Perils):		
11. Intended Occupancy:		
12. Deductible:		
13. Limit at Temporary Location:		
14. Transit Limit:		
15. If a coastal location, provide distance to tidal water:		



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GENERAL INFORMATION cont'd.

16. Is building being built as speculative property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, has insured built on speculation in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Experience and background of general contractor and subcontractors		
- How long has contractor been in business?	# of years _____	
- Has insured filled for bankruptcy in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Has contractor completed this type of project before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Any losses on other past builders risk policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe: _____		

18. Does any demolition work need to be done prior to construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Are Certificates of Insurance obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.