

BUILDERS RISK APPLICATION PROPERTY BROKERAGE

INSTRUCTIONS TO THE APPLICANT:

Please complete this application and answer all questions. An incomplete application cannot be processed. Completion of this application neither binds coverage nor guarantees that a policy will be issued.

To use this form, you may mouse click to select fields or move between fields using the tab button and use the arrow keys to toggle across grouped options. At any, time you may click the button in the upper left hand corner to clear the form.

- If a question has an *, it is a **required field**. You must provide a fully completed application, signed and dated by you.
- **Attach a copy of construction schematics, budget, and timeline.**
- If a question is not applicable, state **N/A**.
- If more space is required to answer a question, please provide the details in on company letterhead.

I. GENERAL INFORMATION

1.	BID	PROJECT AWARDED	PERMITS RECEIVED	FINANCING SECURED	
2.	*Name of Insured:				
3.	*Contact Name (Inspection):				
4.	*Mailing Address:				
	*City:		*State:	*Zip Code:	
5.	*Name of Contractor:				
6.	*Contractor Mailing Address:				
	*City:		*State:	*Zip Code:	
7.	*Years in Business:	Years	*Years of experience with this type of project:	Years	
8.	(If required) License Number:				
9.	Website:				
10.	*Has THE CONTRACTOR had ANY BUILDER'S RISK or INSTALLATION LOSSES in the last three (3) years?			<input type="radio"/> Yes <input type="radio"/> No	
	If YES , please attach a description.				
	Date of Loss	Amount	Deductible	Open?	Repaired?
11.	Loss control implemented since last incident:				

II. PROJECT INFORMATION

1.	*Address of the Location:			
	*City:		*State:	*Zip Code:
2.	If this is a new street, please provide the nearest pre-existing intersection:			
3.	*What will the occupancy of the building be when completed?			
4.	*Will the building be occupied during the construction?			<input type="radio"/> Yes <input type="radio"/> No
	If YES , starting when?			
5.	*Construction Start Date:		*Expected Construction Completion Date:	
6.	*Policy Term Requested:		*to	
7.	*Value of the new work being completed:	*PPC:	*SQ FT:	(schedule if more than one building)
8.	*Is/will the building be on pilings? If YES , Height: Material:			<input type="radio"/> Yes <input type="radio"/> No
	*Is/will the building be on stilts? If YES , Height: Material:			<input type="radio"/> Yes <input type="radio"/> No
10.	*Is the project on filled land?			<input type="radio"/> Yes <input type="radio"/> No
	Number of stories above ground:		Number of stories below ground:	

III. CONSTRUCTION INFORMATION

1.	*Construction Types: Please SELECT ONE—International Building Code Types provided as a guide:		
	FRAME (ISO Grade 1) means a structure with exterior walls, floor, and roof composed of combustible materials. Structures composed entirely of wood construction will be considered frame as will any structure that has metal or brick or masonry over wood frame sheathing. Additionally, any structure of mixed construction type that has, at time of completion, more than 35% of its structure consisting of frame or combustible materials (as previously described) shall also be considered frame construction. (IBC type V)		
	JOISTED MASONRY (ISO Grade 2) means a structure with exterior walls of masonry or composed of fire-resistive material having a fire-resistance rating not less than one hour. The floors and roof are combustible. (IBC type III)		
	NON-COMBUSTIBLE (ISO Grade 3) means a structure with exterior walls, floors, roof, and supporting structural members of non-combustible or slow burning materials. All metal buildings are most commonly found in this class. The fire resistive rating is less than one hour. (IBC Type IIB)		
	MASONRY NON-COMBUSTIBLE (ISO Grade 4) means a structure with exterior bearing walls or load bearing portions of exterior walls that are either non-combustible material with a fire resistance rating not less than one hour or are of masonry construction. Floors, roof, and interior structural members are of non-combustible or slow burning material. (IBC Type IIA)		
	CONCRETE TILT-UP means a structure with reinforced concrete walls, steel beams, and a combustible roof deck; or a structure with reinforced concrete walls, engineered glue-laminated beams, and a noncombustible roof deck.		
	MODIFIED FIRE RESISTIVE (ISO Grade 5) means a structure with exterior walls, floors, and roof of masonry materials as described in Fire Resistive below, but deficient in thickness; or fire resistive material described in Fire Resistive below, but with a fire resistance rating of less than two (2) hours, but not less than one (1) hour. (IBC Type IB)		
	FIRE RESISTIVE (ISO Grade 6) means a structure in which the exterior load bearing walls or load bearing portions of exterior walls, floors, and roofs and all interior load bearing walls and interior structural members are constructed with masonry or other fire-resistive materials. None of these materials may have a fire-resistive rating of less than two (2) hours. (IBC Type IA)		
	SUPERIOR MASONRY/HEAVY TIMBER (ISO Grade 7) means where the entire roof is a minimum of two (2) inches in thickness and is supported by timbers having a minimum dimension of six (6) inches; or, where the entire roof assembly is documented to have a wind uplift classification of 90 or equivalent. This construction type was used for manufacturing operations in the late 19th and early 20th centuries. (IBC Type IV)		
	SUPERIOR NON-COMBUSTIBLE (ISO Grade 8) means noncombustible buildings where the entire roof is constructed of 22 gauge metal (or heavier) on steel supports; or, where the entire roof is constructed of two (2) inches of masonry on steel supports; or, where the entire roof assembly is documented to have a wind uplift classification of 90 or equivalent.		
	SUPERIOR MASONRY NON-COMBUSTIBLE (ISO Grade 9) means masonry noncombustible buildings where the entire roof is constructed of two (2) inches of masonry on steel supports; or, when the entire roof is constructed of 22 gauge metal (or heavier) on steel supports; or, where the entire roof assembly is documented to have a wind uplift classification of 90 or equivalent.		
2.	Are solar panels to be installed? If YES , Value: _____ Type: _____	<input type="radio"/> Yes	<input type="radio"/> No
3.	Are wind turbines to be installed? If YES , Value: _____ Type: _____	<input type="radio"/> Yes	<input type="radio"/> No
4.	Is a vegetative roof to be installed? If YES , please describe the work to be completed: _____	<input type="radio"/> Yes	<input type="radio"/> No

IV. SCOPE OF WORK

1.	*Type of Work: Please SELECT ONE type of work to be completed: If uncertain, please attach a thorough description of the work to be done.		
	GROUND UP CONSTRUCTION —Constructing a building where no building or part of a building existed before.		
	REMODEL —Remodeling of interior finishes, exterior painting, replacement of interior fixtures, cabinets, flooring, etc.		
	REMODEL/MINOR STRUCTURAL —Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.) Roof replacement, ground floor/horizontal additions, and all non-structural changes such as HVAC, plumbing and electrical.		
	RESTRUCTURING —Repair, replace, remove load-bearing walls. Adding additional stories, adding stairways or elevators, foundation work, such as underpinning and/or dewatering.		
2.	*Are any unusual construction methods being used? If YES, please describe in detail: _____	<input type="radio"/> Yes	<input type="radio"/> No
3.	*How frequently is debris removed from the site?		
4.	*Has construction already started? If YES , when did construction originally start? _____	<input type="radio"/> Yes	<input type="radio"/> No
5.	Why did construction stop?		
6.	How long has the construction site remained vacant?		

7.	*Did the construction site sustain any damage while vacant?	<input type="radio"/> Yes	<input type="radio"/> No
	If YES , please describe the damage:		
8.	What percentage of the total project is completed? _____ %		
9.	Value of the completed work:		
	Is this value included in the limit for "new work" above?	<input type="radio"/> Yes	<input type="radio"/> No
	Was there coverage in place on this project before?	<input type="radio"/> Yes	<input type="radio"/> No
	If YES , is this coverage still in place?		
	If NO , why is the coverage not in place?		
10.	Why is the coverage being replaced?		
11.	Has THIS PROJECT had any LOSSES (covered or uncovered)? If YES , please attach a description.		<input type="radio"/> Yes <input type="radio"/> No
	Date of Loss	Amount	Deductible
	Open?	Repaired?	Description of Loss (including cause)
	Loss control implemented since last incident:		

V. PROTECTIONS

Indicate if the following building safeguards or jobsite protection will be in full operation during the entire project.

1.	*Sprinkler System	<input type="radio"/> Yes	<input type="radio"/> No
2.	*Standpipe System	<input type="radio"/> Yes	<input type="radio"/> No
3.	*Central Station Burglar Alarm	<input type="radio"/> Yes	<input type="radio"/> No
4.	*Central Station Fire Alarm/Smoke Detection	<input type="radio"/> Yes	<input type="radio"/> No
5.	*The building's water main control valve will be shut off completely at all times during which normal operations usual to the conduct of the insured's business are not being performed.	<input type="radio"/> Yes	<input type="radio"/> No
6.	*A watchperson will be on duty at the premises at all times during which normal operations usual to the conduct the insured's business is not being performed.	<input type="radio"/> Yes	<input type="radio"/> No
7.	*Are there roving security patrols?	<input type="radio"/> Yes	<input type="radio"/> No
8.	*Insured will maintain a fully functioning fence around the entire perimeter of the scheduled premises. This fence must be constructed of chain link, wood, or other suitable material, it must be at least six (6) feet in height, and must be locked at all times when normal operations usual to the conduct of the insured's business are not being performed.	<input type="radio"/> Yes	<input type="radio"/> No
9.	*All points of ingress and egress to and from the scheduled premises will be gated and locked when normal operations usual to the conduct of the insured's business are not being performed. If a gate is un-locked, the insured will ensure guarded access to check credentials.	<input type="radio"/> Yes	<input type="radio"/> No
10.	*The perimeter of the site is fully illuminated from dusk to dawn.	<input type="radio"/> Yes	<input type="radio"/> No
11.	*The perimeter and interior of the premises are monitored by CCTV, webcam, or other video surveillance, supervised by an independent security service at all times when normal operations usual to the conduct of the insured's business are not being performed.	<input type="radio"/> Yes	<input type="radio"/> No
12.	*How many fully charged and tagged fire extinguishers will be on the premises?	<input type="radio"/> *ABC	<input type="radio"/> *D
13.	How many feet is the nearest fire hydrant?	Public	Private
14.	*Will there be a fire watch (person designated to watch for combustion) during and for at least 30 minutes after any hot work is performed?	<input type="radio"/> Yes	<input type="radio"/> No
15.	*Is written hot work permit issued?	<input type="radio"/> Yes	<input type="radio"/> No

VI. RENOVATION/REMODEL

1.	*Is coverage requested on the existing structure?	<input type="radio"/> Yes	<input type="radio"/> No
2.	What was the occupancy prior to construction?		
3.	How long has the building remained vacant?		
4.	Was the building damaged?	<input type="radio"/> Yes	<input type="radio"/> No
	If YES , is the damage structural? (Attach a structural engineering report.)	<input type="radio"/> Yes	<input type="radio"/> No
5.	Is the existing building structurally sound as per an architect/engineer inspection?	<input type="radio"/> Yes	<input type="radio"/> No

6.	Has an architect/engineer certified that the planned bracing is adequate to support (1) the building, (2) any additional loads being added, and (3) the stresses of construction activity?	<input type="radio"/> Yes	<input type="radio"/> No
7.	If the existing building is being covered, what is the value?		
8.	Does the building have a historical designation or is it located in a historic preservation district? SELECT ONE		
	Historic District	State/Local Designation	National Register/Designation NONE
9.	Square feet before construction:	Square feet after construction:	
10.	Age of existing structure: Years	Current age of roof: Years	Date of last update to the electrical:
11.	Is the structure occupied?	<input type="radio"/> Yes	<input type="radio"/> No
	If YES , please attach a list of each occupant and the occupant's use of the building.		
12.	Name of the architect/engineering firm:		
13.	Is load bearing work being done? If YES , please answer the following questions:	<input type="radio"/> Yes	<input type="radio"/> No
14.	Has an architect/engineer certified that the planned bracing is adequate to support (1) the building, (2) any additional loads being added and (3) the stresses of construction activity? (Attach a structural engineering report.)	<input type="radio"/> Yes	<input type="radio"/> No
15.	Will there be a vertical addition? If YES , what are the number of stories being added to the building:	<input type="radio"/> Yes	<input type="radio"/> No
16.	Will there be a horizontal additional?	<input type="radio"/> Yes	<input type="radio"/> No
17.	Are there any stop work orders on the building?	<input type="radio"/> Yes	<input type="radio"/> No
18.	Is the project repairing/replacing due to prior damage? If YES , is the building currently listed for sale?	<input type="radio"/> Yes	<input type="radio"/> No

VII. SOFT COSTS

1.	Extra Expenses expected to be sustained in the event of a loss:		
	Construction Loan Interest:	Real Estate & Property Taxes:	
	Architect, Engineering, & Consulting Fees:	Builders Risk Insurance Premium:	
	Advertising & Promotional Expenses:	Legal & Accounting Fees:	
2.	Income:		
	Loss of Rent:	Average Monthly Rent Expected:	Number of Units:
	Loss of Income:	Over what period is this earned (1 month, 1 year, etc.)?	

VIII. FINANCING/LOSS PAYEE

1.	Name:
2.	Full mailing address:
3.	Loan number:

IX. HURRICANE PRONE AREAS

1.	Is this a Hurricane Prone Project?	<input type="radio"/> Yes	<input type="radio"/> No
	If YES , please complete and attach a Wind Application.		

X. AUTHORIZATION/SIGNATURE

_____	_____
Signature of Applicant	Date

Print or Type Name and Title	

XI. FRAUD WARNING ACKNOWLEDGEMENTS/SIGNATURE

FRAUD WARNING

Notice to Applicants of all states except New Jersey, New York, Pennsylvania, and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New York Applicants:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Washington D.C. Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances, or events, which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

This applicant declares that the information contained in this supplemental application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. This application understands that incorrect information could void coverage.

Initials of Applicant for Acknowledgement

Date

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All applications and supporting documentation must be submitted through a wholesale broker who has an appointment with General Star Property Brokerage.

Submissions received from any other party will not be accepted or acknowledged.