



Salt Lake City Area Office
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 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

BUILDER'S RISK

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Note: Coverage for Soft Costs is excluded. Soft Costs include but are not limited to interest payments to lenders, architectural and/or engineering fees, real estate taxes, permit fees, and marketing expenses.

Named perils to be insured: Fire EC V&MM Theft

Occupancy waiver clause: Describe the exposure (i.e. multi-phase or multi-building project; who is moving in and when; percentage of the building to be occupied, etc.): _____

Inclusion of existing structure (renovations only). Describe the exposure (i.e. values, occupancy, etc.): _____

Temporary storage of materials off-site. Limit: \$ _____
Describe the exposure (i.e. reason for off-site storage, type of materials stored, length of time stored, security at storage site, etc.): _____

Materials in transit. Limit: \$ _____
Describe the exposure (i.e. types of materials, distance traveled, via owned trucks or common carrier, etc.): _____

Testing: \$ _____
Describe what is being tested, when, and by whom, etc.: _____

Limit of Liability:

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000	
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000	
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000	
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000	
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____	

Additional Coverage (check all that apply):

Limit at any single location: \$ _____

Limit at a temporary location: \$ _____

Transient limit: \$ _____

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Deductible: Wind \$ _____

4. Business Activities

1. Applicant is: Contractor Building Owner

2. If Applicant is a contractor, answer:

a. Gross receipts for the last 12 months: \$ _____

b. Gross receipts for the next 12 months: \$ _____

c. Operating territory of Applicant: _____

d. Number and type of jobs: _____

e. Name of building owner: _____

3. Applicants seeking single-project coverage, answer:

a. Name of project: _____

b. Location of project: _____

c. Proposed occupancy of completed project: _____

d. Protection class at project site is: _____ TIV of project is: \$ _____

e. Project is: New construction Remodel If remodel, age of building: _____

f. Will balance be vacant? Yes No If not, occupancy: _____

g. Number of stories? _____

h. Construction of: Foundation: _____ First Floor Walls: _____

i. Other floor walls: _____ Roof: _____

j. Building(s) is/are, by approximate percentage, constructed primarily of: Frame: _____

Masonry: _____ Tilt-up: _____ Other: _____

k. Contract bid date: _____

l. Estimated construction start date: _____ Est. completion date: _____

4. Applicants seeking multiple-project coverage, complete the following table regarding jobs performed in the next 12 months:

TYPE	ANNUAL NUMBER	MAX # OF JOBS IN PROGRESS	AVERAGE # OF JOBS IN PROGRESS	AVE. DURATION OF JOB
Residential				
Commercial				
Industrial				

5. Applicants seeking multiple-project coverage, complete the following table regarding jobs values for jobs performed in the next 12 months:

TYPE	MAX COST OR VALUE	MIN COST OR VALUE	AVE. COST OR VALUE	MATERIALS COST (% OF VALUE)
Residential				
Commercial				
Industrial				

6. Describe security at project site(s) (check all applicable):
- On-site guards If so, what hours: _____
 - Fully fenced
 - Lit at night
7. Financial Data:
- About the applicant is attached
 - About the _____ project is attached

Management

8. Describe duties of owner(s): _____
9. Number of years under current management: _____
10. Number of years of management experience: _____
11. List any trade association memberships you hold: _____
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12. Are owner(s) or applicant(s) operating as a leasee or subsidiary of any other business(es) other than the business applying for insurance? Yes No
- a. If yes, are these businesses to be listed as an additional insured? Yes No
1. If yes, supply the name and address of the other businesses and the Applicant's relationship to each:
- _____
- _____
2. If no, provide a Certificate of Insurance on all other operations.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name