



MUSIC Builders Risk Supplemental Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

Proposed Effective Date:

From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Applicant's interest: Owner Contractor Sub-Contractor Developer Seller Other _____

Years doing business under current name _____ years

Years of Experience _____ years

Have you worked under any other name? Yes No

If yes, please explain: _____

Name & Address of General Contractor:

Certificates from Subcontractors Yes No

Start Date: _____ Estimated Completion Date: _____

Project Limits

Limits of Insurance	\$
Completed Value of Project, plus	\$
Value of Temporary Structures,	\$
TOTAL Project Limit of Insurance	\$
Sub-Limit: Property at Location Other than Job Site	\$
Sub-Limit: Property in Transit	\$
If project is Renovation, and Value of unoccupied existing structure is to be included in this coverage:	
ACV of Existing Structure, plus	\$
Value of Renovations, Repairs, Additions	\$
Completed Value of Project	\$
Description of Project:	
Location of Job Site:	
List any unusual characteristics of the project.	
List types of temporary structures ie, fencing, forms, scaffolding, field office trailers or other such properties	
Deductible(s):	\$ _____ Property @ Job Site or any Other Location \$ _____ Property in Transit



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Exposure(s)

- Construction: Frame Joisted Masonry Masonry Non-Combustible
 Non-Combustible Modified Fire-Resistive Fire-Resistive
- Project is: Single Job Multiple Projects Addition
 New Construction Renovation

- Is this an extension of an existing Builders Risk Policy? Yes No
 Any unusual construction materials, techniques, locations or final occupancies? Yes No

If Yes, please explain: _____

- Apartment or Condominium Complexes? Yes No
 Any multi unit construction such as tract homes, town homes or patio homes? Yes No
 Any communication Towers? Yes No
 Any bridges or tunnels? Yes No
 Any structures exceeding 3 stories or 50 ft in height? Yes No
 Is Job site Fenced? Yes No
 Is Job site Lighted? Yes No
 Any removal, replacement or alteration of Load bearing walls? Yes No

If Yes, please describe: _____

- Any excavation beneath or raising of an existing structure? Yes No

If yes, please describe: _____

- Any rigging or hoisting operations? Yes No
 Any underground construction? Yes No

If yes, please describe: _____

- Any aircraft property? Yes No
 Any grain silos? Yes No
 Any over water exposures? Yes No

Mortgagee/Loss Payees: _____

Number of floors above ground: _____ Below Ground: _____

Off site storage Location, Description and Protection: _____

Maximum Values @ Risk \$ \$ _____

Transit Methods: _____

Maximum Value any one shipment? \$ _____

Protection Class: _____ Distance to Fire Station: _____ Paid or Volunteer Firemen? _____

Private Fire Protection Available? _____ Distance to operating Fire Hydrant: _____

- Patrolled by watchman after working hours? Yes No
 Regularly patrolled by Police? Yes No
 Describe other protective measures: Yes No

Additional Comments: _____



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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

If yes, please describe. _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _