

**BUILDER'S RISK SUPPLEMENTAL (Complete in addition to ACORD Application)**

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**UNDERWRITING INFORMATION**

- Number of years' experience:
- Describe the work to be performed:

- Date construction is planned to: Begin: \_\_\_\_\_ End: \_\_\_\_\_  
 If construction is not expected to occur on a continuous basis, provide explanation:

- Will any portion of the structure be occupied prior to completion of the project?  Yes  No  
 If yes, describe occupancy:

- Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry:

	Yes	No
6. Are vagrants known to have occupied this structure in the past?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the job involve any of the following:		
a. Demolition of the structure	<input type="checkbox"/>	<input type="checkbox"/>
b. Structural alterations	<input type="checkbox"/>	<input type="checkbox"/>
c. Extensive gutting	<input type="checkbox"/>	<input type="checkbox"/>
d. Modular units or mobile homes	<input type="checkbox"/>	<input type="checkbox"/>
e. Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
f. Unique or Experimental design	<input type="checkbox"/>	<input type="checkbox"/>
g. Renovation after fire/vandalism	<input type="checkbox"/>	<input type="checkbox"/>
h. Lead/Asbestos/Other Pollutant Removal	<input type="checkbox"/>	<input type="checkbox"/>
i. Piers, wharfs, docks, TV and radio towers	<input type="checkbox"/>	<input type="checkbox"/>
j. Multiple buildings	<input type="checkbox"/>	<input type="checkbox"/>
k. Multi-family housing or residential condominiums or residential apartments in excess of 15 units	<input type="checkbox"/>	<input type="checkbox"/>

Explain all YES answers:

- Is the structure sprinklered?  Yes  No  
 If yes, has the system been turned off?  Yes  No

- Are you the:  Building Owner **not** acting as a General Contractor  
 Building Owner acting as a General Contractor  
 General Contractor who does not own the building  
 Real Estate Developer

- Do you subcontract work to others?  Yes  No *If yes, answer the following questions:*  
 a. Type of work:

b. Cost of subcontractor's/contract labor: \$ \_\_\_\_\_

- Are all subcontractors required to carry insurance?  Yes  No *If yes, indicate:*  
 (1) Comprehensive General Liability Limit: \$ \_\_\_\_\_

(2) Are you named as an additional insured?  Yes  No

(3) Are certificates of insurance required from subcontractors?  Yes  No

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**BUILDING INFORMATION**

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1. Location of structure:

2. Mortgagee  
Name:  
Address:

3. Indicate limits for improvements/repairs (renovations) or new construction. Limits for existing structure and improvements must add up to 100% of the completed value for renovations.

Renovation %			New Construction %		
Existing Structure			Building		
Improvements			Property in Transit		(max. 10,000)
Property in Transit		(max. 10,000)	Property Offsite		(max. 10,000)
Property Offsite		(max. 10,000)	Theft		(max. 10,000)
Theft		(max. 10,000)			

**IMPORTANT NOTICE****DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

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