

Builder's Risk Supplemental Application

Applicants Name:	
Occupation:	Employer:
Name of Contractor:	

Builder's Risk Type: (check one)	Renovation <input type="checkbox"/>	New Construction <input type="checkbox"/>
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If renovation, will insured reside in dwelling during the course of construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contractor Info:

Building Permit: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Builder: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Construction Financing: (check one)	Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>
	Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>

Construction or Renovation	Start Date:	
Construction or Renovation	Completion Date:	
Percentage of Construction or Renovation Completed:		%
Estimated Completed Value (land excluded): \$		
Purchase Price: \$		

Security:

Gated Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Guarded Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Property Fenced: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Lighting on property: (street lighting not acceptable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Central Station Alarms: (check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/>	Combo <input type="checkbox"/>
Comments:				

Extended Coverages:

Theft of Building Material: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extended Coverages: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

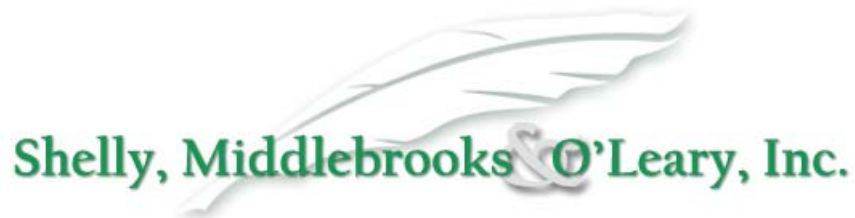
NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

PRODUCER'S SIGNATURE: _____ **DATE:** _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____ **DATE:** _____



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