

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail below where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name
City, State, Zip
Contact
Email Address
Phone Number
Fax Number
Additional Information

National Risk Solutions • PO Box 21407 • St. Petersburg, FL 33742



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"/>
----------------------------------	-------------------------------------	---

If renovation, will insured reside in dwelling during the course of construction? Y N

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"/>			

Signature: _____ **Date:** _____