

New / Ground-Up Construction Supplemental Application

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125***

Insured Information			
Named Insured			
DBA	Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Number of Years in Business
Name Of Contractor (If Different From Named Insured)			
Contractor Mailing Address			
Loss History / 5 Years			
Estimated Start Date of Project	Estimated Completion Date of Project	Estimated Term of Project (Months)	
Currently Under Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Original Start Date	Percent Completed	Values Completed
(If Yes To Prior Start Attach Prior Start Questionnaire Required)			
Limits of Liability			
Total Completed Value of Project		Temporary Storage	
Loss Limit (If Applicable)		Transit	
Optional Coverages: (Must Be Checked)			
<input type="checkbox"/> Windstorm: Is project location eligible for coverage in a Wind Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – maximum limit available in Wind Pool? \$ _____			
<input type="checkbox"/> Earth Movement: ISO Earthquake Zone: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
<input type="checkbox"/> Flood: FEMA Flood Zone: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V If Zone A or V: 100 Year Base Flood Elevation? _____ Elevation of First Finished Floor? _____			
<input type="checkbox"/> Soft Costs: \$ _____ (must attach complete breakdown)			
<input type="checkbox"/> Loss of Rents: \$ _____ Loss of Earnings: \$ _____			
Deductibles			
All Other Perils (Catastrophe Peril Deductible will be determined by the Company)			
<input type="checkbox"/> \$500 (Residential Only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____			
Project Information			
Location Address			
City	County	State	ZIP Code
Project Type <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial	Public Protection Class		City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside

Distance To Nearest Working Public Fire Hydrant		Distance To Nearest Responding Fire Department	
Distance From Coastal Waters _____ Feet _____ Miles		Total Sq. Ft. Area	
Number of Stories	Number of Buildings	Approximate Distance Between Buildings	Intended Occupancy

Construction Type

- Frame** – Walls are constructed of wood or other combustible materials, including when combined with other materials such as Brick Veneer, Stone Veneer, Wood Ironclad or Stucco On Wood
- Masonry Joist** – Walls are constructed of masonry materials such as Clay, Adobe, Brick, Gypsum Block, Cinder Block, Hollow Concrete Block, Stone, Tile, Glass Block or other similar material and where the floors and/or roof are combustible
- Noncombustible** – Walls / Floors / Roof are constructed of and supported by Metal, Asbestos, Gypsum or other non-combustible material
- Masonry Noncombustible** – Walls are constructed of masonry materials of the type described N masonry joist above but with a floor and roof constructed of metal or other non-combustible material
- Fire Resistive** – Walls / Floors / Roof are constructed of fire resistive materials having a resistance rating of not less than two (2) hours

Reference to walls means the structural frame and support walls. Reference to floors means the floors and supports. Reference to roof means the roof deck and supports

Nearest Exposed Structure

Occupancy	Distance To	Construction Type	Are buildings transferred to permanent coverage once completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to above – please indicate maximum number of buildings under construction at any one time and the corresponding values:

Site Security

Fencing <input type="checkbox"/> Yes <input type="checkbox"/> No	Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No	Watchman Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours on Site
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Loss Control

Debris removed from site at regular intervals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency	Public water supply in service at site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brush Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – Clearance from Site?	

Miscellaneous

Provide any additional information available (windspeed design, special construction features, mortgage holder, loss payee, etc.):

Builders' Risk Prior Start Supplemental Application

DATE: _____
TO: _____
COMPANY: _____
PHONE: _____
FAX: _____

TO BE COMPLETED ONLY IF THE JOB HAS STARTED

Re: Name: _____
Quote #: _____

Please answer the following questions regarding your submission noted above:

1. Original start date of construction or renovation? _____
2. % of project that has been completed? _____
Value of portion of project that has been completed? _____
Estimated time needed to complete project? _____

Details of completed portion of project (foundation, framing, etc)

- _____
3. Was there coverage in place prior to your request? _____
If so – what company and dates of coverage? _____
Why is that coverage not being renewed or being cancelled?

4. If no prior coverage – why the delay in placing coverage?

5. Has there been a change in the contractor? _____
If so – why? _____

6. Have there been any losses at the project site to date? _____

A signed letter of no losses may be required prior to providing a quote. If a quote is provided a signed statement of no losses will be required for binding.

Please note that we will be unable to determine quote eligibility without this information.