

# BUILDERS RISK PROGRAM APPLICATION

APPLICANT NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Policy Dates: \_\_\_\_\_

Location of Property: \_\_\_\_\_

## Property

New Construction: \_\_\_\_\_ Renovation: \_\_\_\_\_ Addition: \_\_\_\_\_

Current Value \$ \_\_\_\_\_ Value of Renovation/Addition \$ \_\_\_\_\_

Property Limit Requested: Building \$ \_\_\_\_\_ (100% Coins unless indicated)

Perils Requested: Fire: \_\_\_\_\_ E.C.: \_\_\_\_\_ Vandalism: \_\_\_\_\_ Other: \_\_\_\_\_

Deductible \$ \_\_\_\_\_

## Liability

### General Liability Limits:

Occurrence: \$ \_\_\_\_\_ Personal/Advertising: \$ \_\_\_\_\_

General Agregate: \$ \_\_\_\_\_ Medical Payments: \$ \_\_\_\_\_

Products: \$ \_\_\_\_\_ Fire Legal: \$ \_\_\_\_\_

## General Information

Year Built: \_\_\_\_\_ Year Renovated: \_\_\_\_\_ Year Systems Upgraded: \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Year Roof Replaced: \_\_\_\_\_

Intended Disposition of Property (i.e., sell, rent, occupy): \_\_\_\_\_

Describe neighborhood - i.e., rural, commercial, residential: \_\_\_\_\_

\_\_\_\_\_

Loss History: \_\_\_\_\_

\_\_\_\_\_

Bankruptcy Status: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

Previous Carrier: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

Producer Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_