

# Allen Financial Insurance Group



# Builders Risk Plan Coverage Application

Thank you for your interest in Zurich's Builders Risk Plan. To provide you the most accurate and timely service, please be sure to read these directions carefully and complete all appropriate sections.

	General Application - must be completed for all submissions	pages 1 and 2
In	addition, if the property is:	
	within 1,000 feet of tidal water	page 3
	a residential/small commercial renovation project*	page 4
	in protection classes 9 and 10	page 5
	a commercial structure	page 6
	a commercial renovation project	page 7

Please submit completed application to:



\*Residential/small commercial projects have a maximum value of \$3 million per structure or \$5 million for the total project site. Multi-family structures or projects with values above \$3 or \$5 million are subject to commercial underwriting guidelines.

# **BUILDERS RISK APPLICATION**

Agency Name:				CANCEL CO.		Date:
Producer # :		-	Phone	:	+***	Contact:
Named Insured	d:					
Mailing Addres	SS:					
City:			State:	County	•	Zip Code:
Property addre	ess:					*** 0
City:	CHARLES OF LINESCONE		State:	County	:	Zip Code:
Completed Val	lue Amount Per S	tructure:	\$		Per Pr	roject Site: \$
	ny additional insu	Name:	Address:	□ Yes		No
-		-		☐ Yes	□ No	0
Policy Period:	From  One Year from	om Effecti	ve Date (12:01 a	a.m. Stan	To dard T	ime at your mailing address above.)
	☐ 1-12 Family☐ One Shot N	Dwelling ew or ren		mmercial ng the ex	Struct	ure structure
Deductible: \$	□ \$1,000 (star	ndard)	□ \$2,500	<b>□</b> \$5,0	00	□ \$10,000 Construction class:
			Po	olicy Li	nits	
Any one struct	ure: \$					
Property Tempo	orarily at any oth	er premise	es: \$	<u> </u>	Prope	erty in transit: \$
All covered pro	operty at all locati	ons: \$			STREETH W	
Coverage for D	Development/Sub	division fe				rage Amount: \$
Protection Clas	ss: —1	2	_3 _4	_5 _	6	_78910
Form of Busine	ess: 🗖 Indi	vidual	☐ Partnership	□ Corp	oratio	n 🗖 Joint Venture 🗖 Other
Earth movement Including N	nt?		Zone:			Limit: \$
Water/Flood?	□ No	☐ Yes	Zone:			Limit: \$
Square 1	Footage?					

### UNDERWRITING INFORMATION

(answer all underwriting questions on THE CONTRACTOR)

1. Contractor's # of yrs experience:		25					
2. Contact person:	Da	aytime n		<u> </u>			
3. Employee Training?		Yes 🗖	No				
Loss prevention program?		Yes 🗖	No				
. Has any interested parties ever filed for bankruptcy?  If yes, who/when:		Yes 🗖	No			a -c (*****)	
Business Description:   Homebuilder		Commerc	ial Gen	eral Con	tractor	□ Rem	odeler
i. If Remodeler, any work involving load bearing walls?						☐ Yes	□ No
7. Is coverage requested for both the existing structure	and f	the remo	deling v	vork?		☐ Yes	□ No
If yes, attach HBIS-37.							
3. Is this structure located within 1,000 feet of tidal wa	ter o	r located	on a ba	arrier isla	nd?	☐ Yes	□ No
. Is the contractor insuring any other buildings with Zu	ırich '	within 10	0 feet	of this st	ructure?	☐ Yes	□ No
If yes, please provide total estimated completed value	e of a	all structu	res uno	ler const	ruction wit	thin 100 fee	et and
insured with Zurich, including this one: \$							
0. Number of structures built during the past 12 month	is:		-2	3-5	Other		
1. Number of structures projected for the next 12 mont	ths:		-2 🗆	3-5	Other		
2. Any builders risk / installation losses for the past 3 years	ears?		es 🗆	No			
Indicate cause of loss for any claim over \$5,0	000:						
How is this being financed?     Any special instructions for the underwriter?			7-2-37				
5. Is there a sales contract on this structure?				Yes 🗖	No		
6. Secured Sub-division?				Yes 🗖	No		
7. Does this contractor have any other policies with you	ır age	ency?		Yes 🗖	No		
If yes, describe:					-> e====================================		
8. Is the location apartments, condominiums or multi-un	nit st	ructure(s	? 🗖	Yes 🗖	No		
19. If yes, complete the following questions:							
20. Number of Buildings:		mber of		HIM CONTROL OF THE PROPERTY OF			
21. Value per Building: \$		tance be	***************************************	CANAL CONTRACTOR OF THE PARTY O			
22. Construction type:   masonry non-combu			rame		other		
23. Estimated length of project: Type of	f Seci	urity to b	e provi	ded:			
4. Other coverages written through the Builders Risk Pla	an?	□ Yes I	J No				
If yes, list policy numbers:		- 103.					
J. E. Policy All Dela				1 100	wikir-misk ir-		
25. Mortgagee/Loss Payee Name:							
26. Mailing Address:							
☐ Loss Payee ☐ Mortgagee							

# Additional underwriting information needed

Any previous losses at this location as a result of quake, flood, wind, fire or vandalism? Is the structure modular? *see page 5 for addtl questions Will the structure be occupied at any time during construction? If so by whom Is this a model home?	?
Name & address of the contractor if insured is NOT the contractor and owner:	
Is the insured the contractor and owner?	
Has the project already been started?  If yes, percentage completed:  What date did construction start?	
Protection Class:	
Number of Stories:	
Square Footage'*Kpen0'Dcugo gpv+:"	
Construction Type:	

#### COASTAL QUESTIONS

1.	Distance to Tidal Water:				
2.	Elevation of the lowest level above mean high	h tid	e:		
3.	When will construction be coming out of the	e gro	und?		
4.	Percent to be completed by November 1?	-			
5.	What percentage of structure is glass?		%		s glass impact resistant?
6.	When will building be capped?		-		
7.	When will building be fully enclosed?				
8.	Where and how are materials stored?				
9.	What preventative measures are taken to mi	tigate	losses f	rom \	Vindstorm?
10.	Is building being constructed on pilings?		Yes 🗖	No	If yes, what is the piling depth?
11.	Is location shielded by hills, buildings or any	type	of wind	block	?
12.	Eligible for the wind pool?		Yes 🗆	No	If yes, what limit can be purchased?

#### **Modular home questions**

Who provides transit coverage?

How are homes transported to job site?

Does the manufacturer put the four sides of together and the builder finishes it off?

Does the manufacturer have a web site? Please provide web address

What is the design number or plan number for the modular home?

#### **RENOVATION QUESTIONS**

1.	Age of Dwelling:	When was the heating system last updated?			
2.	When was the electrical syste	em last updated?			
3.	Will a general contractor wit	h two or more years of experience be performing the work?		Yes 🗖	No
4.		on, structural changes or movement of load bearing walls?  to be done in detail, including level of experience. A photograp	b is also	Yes 🗖	
	il yes, describe the work	to be done in detail, including level of experience. A photograp	iii is aisi	o require	U.
	3.00				
_					
5.	Purchase price of shell? \$	Amount of renovation/improvements: \$			-0.000
6.	Is profit included in renovation	on/improvements amount?		Yes	No

#### **Existing Structure Questions**

Will the structure be insured by another policy during construction? Does the building have an operable sprinkler system?

Is the existing structure listed on any historical registry or subject to a historical regulation?

Has the existing structure been moved or will it be moved as part of this project? When was the existing structure purchased?

Provide a brief description of the structure to be renovated and condition of the existing structure:

## QUESTIONS FOR UNPROTECTED STRUCTURE (P/C 9 & 10)

1.	Is a telephone (permanent line, cellular, etc) available at the site at all times?	Yes □	No
2.	Is there a 911 service available in the area?	Yes 🗖	No
3.	Has a fire contingency plan been developed?	Yes 🗖	No
	If yes, are all employees and subcontractors aware of this plan?	Yes 🗖	No
4.	Number of Fire extinguishers on site? Type:		
5.	Are fire extinguishers conspicuously located, clearly posted and secured?	Yes 🗖	No
6.	Is smoking permitted at the construction site?	Yes 🗖	No
	If yes, is it restricted to designated areas only (away from combustible materials)	Yes 🗖	No
7.	Is trash removal provided?	Yes 🗖	No
	How often is trashed hauled away?		
8.	Will there be any trash burning on site?	Yes 🗖	No
9.	Are there currently any fire hydrants on site?	Yes 🗖	No
	If yes, how many?		
10.	Will fire hydrants be installed and working prior to the start of construction		
	as part of the contract?	Yes □	No
11.	If there are no fire hydrants, is there an alternate source of water at the site that		
	can be used in the event of fire?	Yes 🗖	No
	If yes, describe:		
12.	Is the closest responding fire department?	Paid 🗖	Volunteer
	How far is this station from the construction site?		
	Response Time:		
13.	Is there a back-up fire department?	Yes 🗖	No
	How far? Response Time:		
14.	Will the fire department have clear, unobstructed access to the construction site		
	during the entire duration of the construction project?	Yes 🗖	No
	If no, describe any problems/obstructions, including seasonal weather conditions:		
15.	Is it possible that this project could be shut down during the winter months?	Yes 🗖	No
	If yes, please advise for how long and explain reason:		

# 16. Is the fire department manned 24 hours?

# COMMERCIAL STRUCTURE QUESTIONS

1.	STATE CONTRACTOR OF			hingles		]	clay tile		compositio	n shi	ingles	
	A AND AND AND AND AND AND AND AND AND AN	□ me	tal	concrete		]	rubber	membr	ane 🗖 gra	vel		built-up
	If other must explain:	ere interes			32.3°					-		
2.				Gypcrite								
3.		□ Wo	od		Steel	10		Metal	Aluminum			
	If none, must explain:	0.000.00										
3.	Exterior Walls:		20	concret	8	]	asbesto		10911-12		concrete	block
	□ tilt-up wall		13	hardy b	oard			metal	glass		EIFS	
19	If other must explain:		100000			1 12						
4.	Square footage: Existing Structure	Square	100	THE STATE OF THE PARTY.	100.00	-110-11	stories:					
5.	☐ Builders Risk Coverage	W.		Install	ation	Co	verage					
6.	Intended use / occupancy of structure				was used					-/		
7.	Is the intended use/occupancy of the	structure	e inc			_	200200					
	Hospital:		r something		Yes		No					
	Any medical equipment b	0.000					No	120				
	If so, please attach a list of	of equip	men	it and va	lues o	t ea	ch type	of equ	iipment	-		
			85	(1						-		
	Is the equipment value in		n	122	12/12/		1860					
	the completed value amo	unt?			Yes		No					
	Water Treatment Plant:				Yes		No					
	Are cranes being used?	sa necessione protection in the	ele.		Yes		No					
	If yes, are they owned or	rented?	8									
	16						,					
	If rented, are the cranes b		ntea	with an	opera	tor	<i>!</i>					
0	Who is responsible for the Firewalls: number of firewalls?	6 111727	25/4/74		F	iro	rall easie	- 4 of	hours	A Marie		
8.	Section and the local Control of the	□ Yes	П	No			all ratir		at roof level	2 F	I Ves II	No
9.		□ Yes	Ц	No					installed?	<i>!</i> L	ı res ⊔	No
	When will firewalls be put in use?	□ \\/atc	hma	n/auard	4	-		THE R. P. LEWIS CO., LANSING		h+ or	slo.	
11,		□ vvacc □ Fence		n/guard	24 M	5			an/guard nig	nt or	пу	
10					Vor	п	No	other _				
12.	Will sprinklers be activated during con If yes, at what percentage of com			ш	Yes		140					
	ir yes, at what percentage or com	pietion										
		Pro	tect	ion Cla	ass C	)ue	stion	S				
1.	Protection Class:											
2.	Distance to fire hydrant:											
3.	Distance to fire department:										***	
4.	Owner's Name:											
5.	Anticipated start date:				Д	ntic	ipated	comple	tion date:			
				C		_						
1	Testing Coverage: D Vet D N	_		Cove	3576		. •					
1.	Testing Coverage:	)	-			mit	* 7.01	•				
2.	Business Income: Loss of income: \$		752 335	90 TH			of rents					
3.	Soft cost limit: \$				(6	ittac	ch breal	kaown)				

### **COMMERCIAL RENOVATION QUESTIONS**

1.	Year structure built:		1000		
2.	Previous occupancy: (list type of tenants)				
3.	Smoke alarms?		Yes		No
4.	Sprinklers?		Yes		No
5.	Central station alarms:				
	fire? ☐ Yes ☐ No burgular?		Yes		No
6.	Which systems will be operational during renovation?				
7.	Will building be occupied during renovation?		Yes		No
	If yes, what precautions will be used to prevent access to area under ren	ovatio	n?		
8.	Provide a brief description of the structure to be renovated, including the cor	nstruct	tion ty	pe a	nd condition of existing
	structure:				
9.	Existing value (actual cash value excluding value of land): \$				
10.	Addition/renovation value: \$				
11.	Is existing structure to be included in coverage?		Yes		No
12.	Existing square footage?				
13.	Addition/renovation square footage?			-	
14.	Is foundation work to be done?		Yes		No
	If yes, describe underpinning and dewatering involvement:				
15.	Is above-grade structural work to be completed?		Yes		No
	If yes, describe removal of existing wall, floors and columns:	-			
16.	Describe in detail any non-structural work:				
17.	Will renovation begin on the effective date?		Yes		No
	If no, what is the reason for the delay?				
18.	Where are building materials stored and who has access to them?			_	
19.	How often will debris be removed from the job site?				
20.	Who is the owner of the existing structure?				
21.	Date owner purchased existing structure:				
22.	Is the existing structure presently insured for permanent property coverage?		Yes		No
	If yes, what is the insured value of the policy?		-		
23.	Any demolition?		Yes		No