Builder's Risk Supplemental Application

Applicants Name:	FEIN# : (- -)
Occupation:	Employer:
Name of Contractor:	

(Note: No protection class 9s or 10s will be permitted)

Contractor Info:

Building Permit:	(check one)	Yes ☐	No ☐
Licensed Builder:	(check one)	Yes ☐	No ☐

Construction Financing: (one must be checked)	Private Financing ☐	Construction Loan ☐
	Consumer Loan ☐	Mortgage ☐

Construction or Renovation	Effective Date:	
Construction or Renovation	Expiration Date:	
Percentage of Construction or Renovation Completed:		%
Estimated Completed Value: $		
Purchase Price: $		

Security:

Gated Community:	(check one)	Yes ☐	No ☐				
Guarded Community:	(check one)	Yes ☐	No ☐				
Property Fenced Min 6 ft required:	(check one)	Yes ☐	No ☐				
Lighting on property:	(no street lighting)	Yes ☐	No ☐				
Central Station Alarms:	(check one)	None ☐	Fire ☐	Burglar ☐	Combo ☐		
Provide details for "yes" answers:							

Extended Coverages:

Liability:	(check one)	Yes ☐	No ☐
Theft of Building Material:	(check one)	Yes ☐	No ☐

Ext. Option 1 ☐	Ext. Option 2 ☐	Both Theft and Ext. Option 1 ☐	Both Theft and Ext. Option 2 ☐

Signature: _____ **Date:** _____