

# Commercial Builders Risk Application

Agency Name \_\_\_\_\_

Producer # \_\_\_\_\_ Date \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_

Named Insured \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## UNDERWRITING INFORMATION *(answer all underwriting questions on THE CONTRACTOR)*

1. Name (if other than named insured) \_\_\_\_\_

2. # of yrs in business: \_\_\_\_\_ 3. Has contractor completed this type of project before? Yes No

4. Employee training? Yes No 5. Loss prevention program? Yes No

6. Any builders risk / installation losses for the past 3 years? Yes No ***If yes, describe loss(es):***

7. Does this contractor have any other policies with your agency? Yes No *(if yes, describe)*

8. Average # of jobs in last 12 months? \_\_\_\_\_ 9. Estimated annual receipts:\$ \_\_\_\_\_

10. Have any of the interested parties ever filed bankruptcy? Yes No *(if yes, who and when?)*

11. How is this project being financed? \_\_\_\_\_

## CONSTRUCTION SITE INFORMATION

1. Location: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Construction type: Frame Joisted Masonry Non-Combustible  
Masonry Non-Combustible Fire Resistive

3. Roof type: \_\_\_\_\_ Floors: \_\_\_\_\_ Support Framing/Studs: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_ 4. Square footage: \_\_\_\_\_

5. # of stories: \_\_\_\_\_

6. Is this a remodeling/renovation/installation project? No Yes ***(If yes, complete Addition/Renovation/Installation Checklist)***

7. Intended use / occupancy of structure: \_\_\_\_\_

8. Protection Class \_\_\_\_\_ 9. Distance to fire hydrant \_\_\_\_\_ 10. Distance to fire dept. \_\_\_\_\_

11. Is site located in a coastal county? No Yes **(If yes, complete Supplemental Checklist for Coastal Exposures)**

12. Firewalls: number of firewalls? \_\_\_\_\_ Firewall rating # of hours? \_\_\_\_\_

When will firewalls be put in use? \_\_\_\_\_ When will doors be installed? \_\_\_\_\_

13. Anticipated start date: \_\_\_\_\_ 14. Anticipated completion date: \_\_\_\_\_

15. Site security: No security Watchman/guard 24 hrs Watchman/guard night only  
Lighted Fenced Other \_\_\_\_\_

16. Will sprinklers be activated during construction? No Yes

If yes, at what percentage of completion? \_\_\_\_\_

17. Will debris be removed daily? No Yes

**COVERAGE / LIMITS INFORMATION**

1. Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other \_\_\_\_\_

2. Mortgagee / Loss Payee / Additional Interest \_\_\_\_\_

3. Owners Name/Mailing Address \_\_\_\_\_

4. Estimated completed value \$ \_\_\_\_\_

5. Transit coverage: None \$25,000 Other \_\_\_\_\_

6. Property temporarily at other locations: None \$25,000 Other \_\_\_\_\_

7. Testing coverage? No Yes Limit \$ \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

8. Water/Flood? No Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

9. Earth movement? No Yes Zone: \_\_\_\_\_ Limit \$ \_\_\_\_\_

10. Business income: Loss of income \$ \_\_\_\_\_ Loss of rents \$ \_\_\_\_\_

11. Soft cost limit: \$ \_\_\_\_\_ (Attach breakdown)

**Fax Completed Application to US Assure  
Fax: (904) 398-0863 Telephone: (800) 800-3907**

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