

BUILDER'S RISK - Single Family Dwelling

Insured Name: _____

Insured Mailing Address: _____

Contact Name: _____ **Email:** _____ **Ph#:** _____

Is the builder different from the named insured above: Y / N

Does the builder have at least 2 years' experience: Y / N

Number of structures projected for the next 12 months: _____

Has the builder had any single loss over \$10,000 in the last 3 years: Y / N

If yes, include Date, Description and amount of each loss below:

Full address of new property: _____

City _____ **State** _____ **ZIP** _____ **County:** _____

Residential or Commercial: _____ **Effective Date:** ____/____/____

Construction: Please indicate one below

- Frame** - exterior walls constructed of wood or other combustible materials such as brick veneer, stone veneer, wood and stucco on wood.
- Joisted Masonry** - exterior walls constructed of masonry materials such as brick, concrete, block, stone or similar materials and the floors and roof are of wood construction.

Number of stories, including below ground floors: _____

Will structure be occupied during Construction: Y / N, If yes, by whom? _____

Total square footage including basement: _____

Is there a sales contract on this structure: Y / N

Estimated length of project in months: _____

Is the structure modular construction: Y / N

Total coverage for building: \$ _____ **Deductible:** \$1,000 \$2,500 \$5,000

Quote Earthquake and/or Flood: Y / N

Mortgagee to be endorsed on the policy:

Mortgagee Name: _____

Mortgagee Address: _____