BUILDER'S RISK APPLICATION

| Name and Address of Applicant | _ | | s of Producer | |
|---|-----------------|------------|---------------------|---------------------------|
| | <u>.</u> - | | | |
| | | | | |
| Inspection Contact Name | | _Phone N | umber | |
| 1. Applicant is: | | ration | ☐ Joint Venture | ☐ Other |
| 2. Interest of Application: Owner Contract | ctor 🔲 O | ther | | |
| 3. Mortgagee/Loss Payee: Name: | | | | |
| Address: | | | | |
| | | | | |
| Application is for: Policy Quotation Da | ate of Applica | tion: | | nual, Quarterly, Monthly) |
| Policy Term From To |) | | | |
| Deductibles | Other | | | |
| Description of Project: | | | | |
| | | | | |
| Location of Project | | | | AND/OD |
| A. Address, City, County, State | | | | |
| C. GPS Coordinates | | | | AND/OR |
| Limits of Insurance | | | | |
| a. \$At the | e project site: | | | |
| b. \$In ter | mporary stora | ige at any | location other than | the project site |
| c. \$While | | | | |
| d. \$For a | ıll Covered Pr | operty | | |
| Contractor (If other than Insured) Name/Address | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Has Contractor engaged in this type of project before? Contractor Website Address | ? | ☐ No | If Yes, for how r | nany years? |

| Construction |
|--|
| ☐ Fire Resistive/Modified Fire Resistive ☐ Masonry Noncombustible ☐ Noncombustible ☐ Joisted Masonry ☐ Frame |
| Roof Type Support/Framing Studs |
| Completed Value \$Estimated time to complete projectyearsmonths |
| Number of Structures: |
| Total Square footage Number of floors above groundBelow ground |
| Intended occupancy when completed |
| |
| Type of Project: Ground-Up Construction Renovation/Rehabilitation-please include specifics on work being performed |
| Is construction lift slab, tilt-up or prototype? |
| Is project on filled land? |
| Protection |
| Distance to operating fire hydrant Fire Department: |
| Will the project be: Fenced? |
| Flood |
| Flood means waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not. |
| Is flood coverage desired? Yes No Flood limit \$Deductible \$ |
| Is project site in a National Flood Insurance Program Special Flood Hazard Area? ATTACH FLOOD ZONE DETERMINATION AND SITE PLAN W/ELEVATIONS IF AVAILABLE Name and distance of nearest body of water to project site Height of project site above nearest body of water |
| Earthquake Is Earthquake coverage desired? |

| Soft Costs (Extra Expense and Rental Is Soft Cost coverage desired? | | If Yes, check the type desired and provide the following information which is applicable to the project site. |
|--|----------------------------|---|
| Extra Expense Construction Loan Interest Real Estate and Property Taxes Architect, Engineering and Consultar Legal and Accounting Fee Builders' Risk Insurance Premium Cl Advertising and Promotional Expens Other Total Extra Expense Values Rental Income Total Rental Income Values Limit of Insurance requested for: | nt Fees harge es | Annual or Full Dollar Amount *See note Below \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Extra Expense \$ Rental Income \$ |
| *Show full amount of exposure for the e | ntire job: Limit of Insura | nce may be less |
| Remarks: | | |
| Date | _Agent's Signature | |
| Date | Insured's Signature | |

COMMERCIAL BUILDER'S RISK APPLICATION SUPPLEMENTAL CHECKLIST FOR COASTAL EXPOSURES

| 1. | When will construction be coming out of the ground? |
|------|---|
| 2. | What percentage of the structure is glass? |
| ls i | he glass impact resistant? |
| 3. ' | What percentage will be completed? |
| 4. ' | When will the building be capped (reach its highest point?) |
| 5. | When will the building be fully enclosed? |
| 6. | Where and how are building materials stored? |
| | |
| 7. ' | What preventive measures are being taken to mitigate losses from windstorm? |
| | |
| | s the location shielded by hills, buildings or any type of windblock? Yes No yes, describe) |
| | |
| | s the location covered by a windpool? |

10. Attach project construction timeline if available

SUPPLEMENTAL QUESTIONS FOR MULTI-STRUCTURE PROJECT

| Named Insured:Project Address: | | |
|---|------------|--|
| How many structures in this project? | | |
| Will permanent coverage be placed on each building as it is completed? | ☐ Yes ☐ No | |
| Use the chart below to answer the following: 1. If apartment or condominiums, how many units per building? 2. What is the value of each structure? 3. What is the square footage for each structure? 4. What is the distance between each structure from every direction? | | |

| Structure Description | Number Units If Applicable | Value | Square Footage | Distance Between Buildings (all directions) | Start Date | Completion Date |
|--------------------------|-------------------------------|-------|-------------------|--|------------|--------------------|
| | | \$ | | | | |
| | | \$ | <u> </u> | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| . " " | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | 1 |

(Provide a plot plan for this project showing distances)
5. What is the start and completion date for EACH structure?

\$ \$ \$ \$ \$ \$ \$ \$ \$

| SITE WORK | \$ |
|-----------------------|----|
| UTILITIES | \$ |
| PAVING | \$ |
| ATHLETIC FIELDS, ETC. | \$ |
| ATHLETIC FIELDS, ETC. | \$ |

BUILDER'S RISK RENOVATION / EXPANSION

| 1.) What is the "Nature of the Renovation or Expansion"? |
|--|
| 2.) Is "Occupancy Permission" desired for the new part? |
| 3.) The existing building will be excluded, is this agreeable? |
| 4.) Has the existing building been damaged somehow by Fire, Windstorm, Earthquake, Collapse or some other damage? (Please Explain) |
| 5.) How much "Structural Support" changes are being made to the existing building? |
| 6.) How much of the contract value in dollar amounts is for the "Tie In" between the existing building and the New Expansion? |
| 7.) What are the number of stories for the existing building and the expansion part? |
| 8.) Does the Renovation / Expansion include:a) Adding more stories?b) Complete or partial replacement of the roof?c) Adding or removing stairways?d) Adding or removing elevators? |