



Date: _____
mm/dd/yyyy



Requested By: _____

BUILDER'S RISK APPLICATION

Named Insured: _____
Mailing Address: _____
Insured Contact Name & Phone Number: _____
Insured Is: _____

GENERAL CONTRACTOR INFORMATION:

General Contractor: _____
Address: _____
Years Experience: _____
of Current Projects: _____

Provide Details on any builder's risk claims greater than \$25,000 in the past 5 years:

PROJECT INFORMATION

Location Code:

Jobsite Address:

Project Type: Residential Commercial Other: _____

Project Type: New Construction Structural Renovation Cosmetic Renovation

Anticipated start date: _____ mm/dd/yyyy

Anticipated end date: _____ mm/dd/yyyy

Description of work:

Construction Type: (Check One)

Frame Joisted Masonry Noncombustible
 Masonry Noncombustible Modified Fire Resistive Fire Resistive

Flood Zone: _____

Number of Stories: _____

Total Square Footage: _____

of Buildings: _____

Separation between Bldgs: _____

INSURED VALUES:

Hard Costs Total: \$ _____
BPP/Contents: \$ _____
Delay in Opening: \$ _____
Soft Costs: \$ _____

Soft Costs include, but are not limited to:

Advertising & Promotional Expenses:	Interest on Construction Loan:
Architectural/Engineering Fees:	Realty Taxes and Other Assessments:
Audit and Bookkeeping Services:	Rental/Lease Expense of Const. Equip:
Commissions/Renegotiating Fees:	Legal and Accounting Fees:
Fees for Licenses and Permits:	Insurance Premium for Builders Risks:

OPTIONAL COVERAGES:

Earthquake Limit Required: \$ _____
Flood Limit Required: \$ _____

FIRE & SECURITY PROTECTION:

Public Protection Class: _____ Distance to Nearest Working Public Fire Hydrant: _____
Distance to Nearest Responding Fire Department: _____
Watchman at Job Site: Yes | No Job Site Fully Fenced: Yes | No Job Site Lighted: Yes | No
Job Site Near Brush Area: Yes | No If yes, what is the distance? _____
Central Station Burglar Alarm: Yes | No

REQUESTED DEDUCTIBLES:

All other Perils excluding Flood and Earthquake: \$5,000 | \$10,000 | \$25,000 | or higher?

Soft Cost/Time Element Waiting Period
(in days): _____

Flood Deductible
(if coverage is requested): _____

Earthquake Deductible
(if coverage is requested): _____

LENDER INFORMATION

Lender name: _____
Mailing Address: _____
Contact Name & Email Address: _____

Insured's Signature: _____

Date: _____

mm/dd/yyyy

Click to clear form:

Once complete, email to: harrison.haydock@imacorp.com