



Property & Inland Marine
Residential Construction

Builders Risk Application *Specific Location*

PRODUCER INFORMATION

Agency name: _____ Producer code: _____
Submitted by: _____ Phone number: _____

CONTRACTOR INFORMATION

Is the contractor: Named Insured Additional Insured Not named on the policy

Contractor name: _____

Address: _____

City, state, zip: _____

Has contractor completed this type of work before? Yes No

Loss Prevention contact and telephone number: _____

Year business started: _____

If less than two years in business, Fax resume and updated financial information to 513.369.7328 or Email to RC.APP@gaic.com.

OWNER (if different from contractor)

Name: _____

Address: _____

City, state, zip: _____

Is the owner: Named Insured Additional Insured Not named on the policy

CONTRACTOR LOSS HISTORY (past 5 years)

Date	Amount Paid	Deductible	Cause of Loss	Prevention Implemented

No losses in the past 5 years. More loss history on attached pages? Yes No

Coverage declined, cancelled or non-renewed last 3 years for any of these reasons: non payment, loss history or insurance fraud? Yes No

Ever filed bankruptcy or reorganization? Yes No

Who was prior insurance carrier last 3 years? _____

CONSTRUCTION SITE INFORMATION

Location #1:

Address: _____

City, state, zip: _____

Completed Value: _____

Is dwelling more than 4 units? Yes No

If Yes, how many units? _____

Construction type: Frame Joisted Masonry Other _____

Number of stories: _____

Number of square feet: _____

Is there a basement? Yes No

Public fire protection class: _____

Is this a mobile, manufactured or modular home? Yes No

Jobsite security:

Private security patrol - Frequency to patrol _____ Fence Lights Other _____

Distance to hydrants: < 100 FT 100-500 FT 500 FT+

Distance to fire station: < 5 mi. > 5 mi.

Has construction of the project been started prior to the proposed effective date of this policy? Yes No

If yes, what percentage is complete? _____ %

Is dwelling: Pre-sold Speculative

Estimated start date: _____

Estimated completion date: _____

LENDER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

CONSTRUCTION SITE INFORMATION

Location #2:

Address: _____

City, state, zip: _____

Completed Value: _____

Is dwelling more than 4 units? Yes No

If Yes, how many units? _____

Construction type: Frame Joisted Masonry Other _____

Number of stories: _____

Number of square feet: _____

Is there a basement? Yes No

Public fire protection class: _____

Is this a mobile, manufactured or modular home? Yes No

Jobsite security:

Private security patrol - Frequency to patrol _____ Fence Lights Other _____

Distance to hydrants: < 100 FT 100-500 FT 500 FT+

Distance to fire station: < 5 mi. > 5 mi.

Has construction of the project been started prior to the proposed effective date of this policy? Yes No

If yes, what percentage is complete? _____ %

Is dwelling: Pre-sold Speculative

Estimated start date: _____

Estimated completion date: _____

LENDER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

CONSTRUCTION SITE INFORMATION**Location #3:**

Address: _____

City, state, zip: _____

Completed Value: _____

Is dwelling more than 4 units? Yes No

If Yes, how many units? _____

Construction type: Frame Joisted Masonry Other _____

Number of stories: _____

Number of square feet: _____

Is there a basement? Yes No

Public fire protection class: _____

Is this a mobile, manufactured or modular home? Yes No

Jobsite security:

 Private security patrol - Frequency to patrol _____ Fence Lights Other _____Distance to hydrants: < 100 FT 100-500 FT 500 FT+Distance to fire station: < 5 mi. > 5 mi.Has construction of the project been started prior to the proposed effective date of this policy? Yes No

If yes, what percentage is complete? _____ %

Is dwelling: Pre-sold Speculative

Estimated start date: _____

Estimated completion date: _____

LENDER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

OPTIONAL COVERAGE

Flood: _____ Limit _____

Earthquake: _____ Limit _____

Do you require Soft Costs Coverage? Yes No Please provide total limit: _____

Deductible: \$500 \$1,000 \$2,500 \$5,000 Other _____

Interest of construction loan Limit _____

Architectural or engineering supervisory fees Limit _____

Other: _____ Limit _____

RATING INFORMATION

Limit at any residential building (including appurtenant structures): _____

Limit in any one loss: _____

Limit while in transit and at a temporary location: _____

Deductible: \$500 \$1,000 \$2,500 \$5,000 Other _____

Do you want to exclude profit? Yes No

Action: Quote Issue Billing: Direct Agency

Effective date: _____ Expiration date: _____

REMARKS