

BUILDERS RISK APPLICATION

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top to view directions in the pop up window of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

PART 1 : INSURED INFORMATION

Corporate Name: _____
Company Name: _____
Mailing Address: _____
Contact Name: _____
Email Address: _____
Phone Number: _____
Fax Number: _____
Form of Business: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
Are you the: ☐ Owner ☐ Contractor ☐ Owner/Contractor

PART 2 : BUILDER INFORMATION

Is the builder's name different than the name insured? ☐ Yes ☐ No
If "yes", would you like to add the builder as an additional insured? ☐ Yes ☐ No
Name of builder and address: _____

Does the builder/remodeler have at least 2 years experience? ☐ Yes ☐ No
Number of structures built/remodeled during the past 12 months
☐ 1-2 ☐ 3-50 ☐ Other: _____
Number of structures projected for the next 12 months
☐ 1-2 ☐ 3-50 ☐ Other: _____
Has the builder/remodeler had any single loss over \$10,000 in the last 3 years? ☐ Yes ☐ No
If "yes", include the date, description, and amount of each loss below:

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PART 3 : PROPERTY INFORMATION

Property State: _____ Property County: _____

Type of Project: ☐ New Construction
☐ Remodeling/Renovation excluding coverage for the existing structure
☐ Remodeling/Renovation including coverage for the existing structure

Property Address: _____

Construction Material: ☐ **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.
☐ **Non-Combustible** – exterior walls, floors and roof constructed of metal, gypsum or other non-combustible materials.
☐ **Masonry Non-Combustible** – exterior walls, floors and roof constructed of masonry or fire resistive materials with fire resistance rating of not less than 1 hour.
☐ **Fire Resistive** – exterior walls, floors and roof constructed of masonry or fire resistive materials with a fire resistance rating of not less than 2 hours.

Number of Stories: _____ Square Footage: _____

Intended Occupancy: _____

Will Structure be occupied during construction: ☐ Yes ☐ No

If "yes", by whom? _____

PART 4: PROJECT INFORMATION

Has the project started? ☐ Yes ☐ No

If "yes", date started: _____

Is there a sales contract on this structure? _____

Estimated length of project? _____

Is the structure modular? ☐ Yes ☐ No

If "yes", additional information is needed.

PART 5: COVERAGE INFORMATION

Total completed value of any one structure: _____

Any coverage for development/subdivision fences, walls or signs? ☐ Yes ☐ No

If "yes", what is the coverage amount? _____

Do you want Earthquake coverage? ☐ Yes ☐ No

Do you want Flood coverage? ☐ Yes ☐ No

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Applicant's Acknowledgement: I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that

- (a) this application will form part of any policy issued,
- (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
- (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
- (d) only those persons eligible under the terms of an issued policy will be insured.

Applicant Signature: _____ Date: _____

Applicant's Name (please print): _____

Questions? Please call us at (864) 688-0121 or send us a fax at (864) 688-0138.

We will process your application as soon as we receive all your documentation so please fully complete this form to the best of your knowledge.

**NOTE: Click the Save button and save this document in your documents file folder.
Make sure that all the information you have entered is correct and then
send this application via email to ivy@cossioinsurance.com**

SAVE