

Builders Risk - New Construction Application

Superior Insurance Services

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Application Date:

Agency:

Agent's Name:

Phone Number:

Applicant Name:

Address:

Agency Code:

Applicant is:

Individual Partnership Corporation Joint Venture Other

Interest of Applicant:

Owner Contractor Other

Mortgagee or
Loss Payee:

Address:

Inspection Contact:

Contact Phone:

Contractor Name:

Address:

Website:

Has contractor engaged in this type of work before?

Yes No

For how many years?

Policy Term - From:

To:

Quote Needed By:

Billing Type:

Direct Agency

Billing Frequency:

Annual Quarterly Monthly

Location of Project:

Address, City, State:

or

Intersection:

or

GPS Coordinates:

Description of Project:

Limits of Insurance:

Jobsite Limit:

Storage Location Limit:

Transit Limit:

Limit per Disaster:

Deductible:

\$1,000

\$2,500

\$5,000

\$10,000

\$25,000

Other

Construction:

Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive / Modified FR

Type of Project: New construction (ground-up) Renovation/Rehabilitation (Please complete renovation app.)

Roof Type: Support/Framing Studs:

Number of Structures: Number of floors above ground:

Total Square Feet: Number of floors below ground:

Estimated time to complete project: years and months

Occupancy:

Protection:

Public Protection Class: Distance to fire hydrant (ft): Fire Department: Paid Volunteer

Describe jobsite security (such as lighting, fencing, locks, locked container, cameras, guard, etc):

Will sprinklers be activated during construction? Yes No If yes, at what % of completion?

Exposures - Describe exposure from surrounding structures within 120 feet:

If Applicable:

Flood: Flood means waves, tides, tidal waves, overflow of any body of water, or their stray, all whether driven by wind or not.

Is flood coverage desired? Yes No Flood Limit: Flood Deductible:
(Minimum flood deductible is \$25,000).

Is jobsite in a National Flood Insurance Program Special Flood Hazard Area? Yes No

Attach Flood Zone Determination and Site Plan with elevations if available.

Earthquake:

Is earthquake coverage desired? Yes No Quake Limit: Quake Deductible:
(Minimum quake deductible is \$25,000).

Soft Costs (Extra Expense and Rental Income):

Is soft cost coverage desired? Yes No

If yes, check the type desired and specify the annual or full dollar amount applicable to the jobsite.
Show the full amount of exposure. Limit of Insurance may be less.

Extra Expense

Annual or Full Dollar Amount

- | | | |
|---|----|----------------------|
| <input type="checkbox"/> Advertising | \$ | <input type="text"/> |
| <input type="checkbox"/> Design Fees | \$ | <input type="text"/> |
| <input type="checkbox"/> Professional Fees | \$ | <input type="text"/> |
| <input type="checkbox"/> Interest | \$ | <input type="text"/> |
| <input type="checkbox"/> Lease Administration | \$ | <input type="text"/> |
| <input type="checkbox"/> Realty Taxes | \$ | <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/> | \$ | <input type="text"/> |

Total Extra Expense Values: \$

Rental Income

Total Rental Income Values \$

Limit of Insurance requested for:

Extra Expense \$

Rental Income \$

Is Permission to Occupy desired? Yes No If yes, at what % and time frame?

Remarks:

Date:

Agent's Signature:

Date:

Insured's Signature: