



# United States Liability Insurance Group

## Builder's Risk

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name and Address of Applicant: \_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_

2. Interest of Applicant:  Owner  Contractor  Other \_\_\_\_\_

3. Mortgagee/Loss Payee: \_\_\_\_\_

4. Policy Term: From \_\_\_\_\_ To \_\_\_\_\_

Deductible:  \$1,000  \$2,500  Other \$ \_\_\_\_\_

#### Description of Project:

\_\_\_\_\_  
\_\_\_\_\_

#### Location of Project:

\_\_\_\_\_  
\_\_\_\_\_

Limits of Insurance \$ \_\_\_\_\_

#### Contractor

1. Name/Address \_\_\_\_\_
2. Has contractor engaged in this type of project before?  Yes  No If Yes, for how many years? \_\_\_\_\_

#### Construction

1.  Fire Resistive/Modified Fire Resistive  Masonry Noncombustible  Noncombustible  
 Joisted Masonry  Frame
2. Estimated time to complete project \_\_\_\_\_ months Total square footage \_\_\_\_\_ Number of floors \_\_\_\_\_
3. Intended occupancy when completed \_\_\_\_\_
4. Type of project:  Ground-up Construction  Renovation/Rehabilitation\*
5. Is construction lift slab, tilt-up or prototype?  Yes  No
6. Is project on filled land?  Yes  No If Yes, are pilings used?  Yes  No

**\*Must complete Renovation Section of this Application**

#### Protection

1. Distance to operating fire hydrant \_\_\_\_\_
2. Town Protection Class \_\_\_\_\_
3. Will temporary heating be used?  Yes  No If Yes, described. \_\_\_\_\_
4. Will the project site be: Fenced?  Yes  No Locked?  Yes  No Lighted?  Yes  No
5. Will the watchman be on premises during non-working hours?  Yes  No

#### Soft Costs

1. Is Soft Cost coverage desired?  Yes  No If Yes, check the type desired.  
 Construction Loan Interest  Real Estate and Property Taxes  
 Architect, Engineering and Consultant Fees  Legal and Accounting Fees  
 Builder's Risk and other Insurance Premium Charges  Advertising and Promotional Expenses
2. Limit of Insurance requested for Soft Cost Coverage \$ \_\_\_\_\_

**Renovation Section:**

- 1. What is the purchase price of the building? \$ \_\_\_\_\_  
Does this include the value of the land where building is situated?  Yes  No  
If yes, please give an approximate value of the land. \$ \_\_\_\_\_
- 2. What limit is being requested on: Existing Building \$ \_\_\_\_\_ New construction work \$ \_\_\_\_\_
- 3. Does the property have an historical designation? \_\_\_\_\_  
Does the property have any ornamental facades, fixtures, stained glass or other appointments that have a special or increased value?  Yes  No If so, please give full specifics (description and values).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Is any work being done to any structure load bearing members?  Yes  No
- 5. Will any of the following systems be completely removed/replaced:  
Electrical \_\_\_\_\_ Sprinkler/Standpipes \_\_\_\_\_  
Heating \_\_\_\_\_ Air Conditioning \_\_\_\_\_  
Plumbing \_\_\_\_\_ Roof \_\_\_\_\_
- 6. What are the exterior exposures and what are their distance from this building? Are adjacent buildings vacant or unoccupied? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. What is the general condition of the surrounding area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. What fire and burglary detection systems and measures will be in place and operational during construction  
\_\_\_\_\_  
\_\_\_\_\_
- 9. What are the prospective occupancies and will there be any occupants during construction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11. What occupancy was the building originally designated for and what type of occupancy did this building have immediately before this renovation? \_\_\_\_\_  
\_\_\_\_\_
- 12. What is the Insured's experience in conducting renovation projects? \_\_\_\_\_  
\_\_\_\_\_
- 13. What is the contractor's experience in this type of project? \_\_\_\_\_

**Fraud Statement:** 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 is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.  
NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
MAIL COMPLETED  
APPLICATION THROUGH  
LOCAL AGENT OR BROKER TO:

\_\_\_\_\_  
Agent's Signature Date  
\_\_\_\_\_  
Insured's Signature Date