



BUILDERS RISK COVERAGE:

INSTRUCTIONS: 1) Complete form 2) Fax/email form to us prior to project start
3) Fax/email form again to us once project is complete with a date to delete from policy. *All premiums are prorated.*

CONTRACTOR NAME & EMAIL: _____

EFFECTIVE DATE TO ADD/DELETE BUILDERS RISK: _____

PROJECT ADDRESS: _____ COUNTY: _____

PROJECT REPLACEMENT VALUE: renovations \$_____ new home \$_____ addition \$_____
(Approximate premium ~.20/\$100 value)
* Please separate values if combination project *
** Please contact us if project cost increases above original contract & builders risk value **

RESIDENTIAL OR COMMERCIAL: _____

ESTIMATED COMPLETION DATE: _____

SQUARE FOOTAGE OF PROJECT: _____

CONSTRUCTION: wood frame masonry veneer on all solid masonry
w/siding sides over wood frame w/steel

DISTANCE TO FIRE HYDRANT < > 1,000ft.? FIRE DEPT. < > 5miles?

“EARTHQUAKE” COVERAGE DESIRED? (~.02/\$100 value) 2% deductible YES NO

“SOFT COSTS” COVERAGE DESIRED? (~.08/\$100 value) \$_____
Covered expenses include advertising, professional fees, interest, leases, realty taxes, assessments, etc.

SECURITY MEASURES: _____

SELECT DEDUCTIBLE: \$5,000 \$10,000 **WILL DEFAULT TO \$2,500**

LENDER CONTACT INFO: NAME _____
ADDRESS _____
PHONE _____
FAX _____

****DELETE BUILDERS RISK: ADDRESS** _____

INSURED/CONTRACTOR SIGNATURE: _____ DATE: _____

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