



725 S. FIGUEROA STREET, 19TH FLOOR / LOS ANGELES, CA 90017
PHONE (213) 236-4500 / FAX (213) 244-9655
LIC # 0414108

Builders' Risk Application

Insured: _____
Address: _____
Contact: _____

General Contractor: _____
License Number: _____
Address: _____
Contact: _____
Years Experience: _____ # of Current Projects: _____

Construction Location: _____

Construction Term: _____

Description of work: _____

Construction Specs:

Construction Type: _____
Foundation Type: _____
Roof Type: _____
of Floors: _____
of Floors Above Ground: _____
of Floors Below Ground: _____
Total Square Footage: _____
of Buildings _____
Separation between Bldgs: _____

Project Type: New Construction / Structural Renovation / Cosmetic Renovation

For Renovation Projects, complete the following:

Are we covering the existing structure on the Builders Risk policy?: Yes/No
What is the value of the existing structure? _____
Are we covering the existing structure at:
 Actual Cash Value / Replacement Cost Value
What year was the existing structure originally built? _____



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Insured Values:

Hard Costs Total: \$ _____
 BPP/Contents: \$ _____
 Delay In Opening: \$ _____
 Soft Costs: \$ _____

Soft Costs including but not limited to:

Advertising and Promotional Expenses \$ _____
 Architectural/Engineering Fees \$ _____
 Audit and Bookkeeping Services \$ _____
 Commissions/Renegotiating Fees \$ _____
 Fees for Licenses and Permits \$ _____
 Interest on Construction Loan \$ _____
 Realty Taxes and Other Assessments \$ _____
 Rental/Lease Expense of Const. Equip. \$ _____
 Legal and Accounting Fees \$ _____
 Insurance Premium for Builders Risks \$ _____

PROTECTION

Fire Department: Yes/No
 Watchman at Job Site: Yes/No
 Job Site Fully Fenced: Yes/No
 Job Site Lighted: Yes/No
 Job Site Near Brush Area: Yes/No
 Central Station Burglar Alarm: Yes/No

REQUESTED CAUSES OF LOSS COVERAGE

All Risks Fire: Yes/No
 Earthquake: Yes/No
 Flood: Yes/No

REQUESTED DEDUCTIBLES

All Risks	\$5,000	\$10,000	\$25,000 or higher
Earthquake	_____		
Flood	_____		



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CONSTRUCTION STATUS: Mid Term Project / New Project

If Mid Term, complete the following:

Percentage of work completed: _____

Detailed Description of remaining work to complete:

Prior Carrier: _____

Any Losses During Construction: Yes / No (Attach Loss Runs)

Reason For Delays:

Is Financing in Place: Yes / No

Current Lender: _____

Insured's Signature: _____

Date: _____