



Builder's Risk Supplemental Application

Applicants Name:	
Occupation:	Employer:
Name of Contractor:	

Builder's Risk Type: (check one)	Renovation <input type="checkbox"/>	New Construction <input type="checkbox"/>
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If renovation, will insured reside in dwelling during the course of construction? Y N

Contractor Info:

Building Permit: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Builder: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Construction Financing: (check one)	Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>
	Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>

Construction or Renovation	Start Date:	
Construction or Renovation	Completion Date:	
Percentage of Construction or Renovation Completed:		%
Estimated Completed Value (land excluded): \$		
Purchase Price: \$		

Security:

Gated Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Guarded Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Property Fenced: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Lighting on property: (street lighting not acceptable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Central Station Alarms: (check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/>	Combo <input type="checkbox"/>
Comments:				

Extended Coverages:

Theft of Building Material: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extended Coverages: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature: _____ **Date:** _____