



Property & Inland Marine
Residential Construction

Builders Risk Annual Auditable or Reporting Form Application New Business

PRODUCER INFORMATION

Agency name: _____ Producer code: _____
Submitted by: _____ Email: _____ Phone number: _____

APPLICATION INFORMATION

Named Insured: _____
Address: _____
City: _____ State: _____ Zip: _____
Effective date: _____ Expiration date: _____
1. Deductible: \$500 \$2,500 Other: \$ _____ 2. Billing: Agency Direct
 \$1,000 \$5,000
3. Policy type: Monthly reporting completed value Monthly reporting per start
 Annual auditable completed value Annual auditable gross receipts

POLICY LIMITS

1. Limit at any one dwelling (excluding lot cost):
 \$250,000 \$500,000 \$750,000 \$1,000,000 Other: \$ _____
2. Limit at any one loss (excluding lot cost): \$2,500,000 \$5,000,000 Other: \$ _____
3. Limit while in transit and temporary location: \$10,000 \$25,000 Other: \$ _____
4. Limit for temporary scaffolding and construction forms: \$25,000 Other: \$ _____
5. Prior 12 months gross sales: _____ Projected 12 months gross sales: _____
6. Loss Prevention contact Name: _____ Telephone #: _____
7. Audit contact Name: _____ Telephone #: _____
8. Year business started: _____
9. Has coverage been declined, cancelled or non-renewed for any of these reasons: non payment, loss history, insurance fraud in the last 3 years: No Yes, please explain: _____
10. Ever filed bankruptcy or reorganization? No Yes
11. Who was prior builders risk insurance carrier the last 3 years? _____
12. What limit of insurance do you require from subcontractors?
 \$500,000 \$1,000,000 Other: \$ _____ None

LOSS HISTORY (past 5 years)

Has contractor suffered any losses within the past 5 years? No Yes, please list below:

Date	Amount Paid	Deductible	Cause of Loss	Prevention Implemented

Fax additional hard copy loss runs to 513.369.7328 or Email to RC.App@gaic.com

BUILDERS' RISK PROJECTION FORM

1. Type of construction:

- Single family (1-6 units): _____ % Multi-family (more than 6 units): _____ %
 Other: _____ % (If multi-family, complete bottom of page 3).

If other, please complete the following, check all that apply:

- Commercial Remodel jobs Manufactured/Modular/Mobile Remodel Manufactured/Modular/Mobile

2. Are any of the dwellings/structures over 3 stories in height No Yes

3. Projected annual gross sales:

Current year's actual: \$ _____ Projected for policy term: \$ _____

4. Number of new starts:

Current year's actual total: _____ ; of those _____ are contract.

Projected total for policy term: _____ ; of those _____ are contract.

5. Average sales price per dwelling: \$ _____

a. Cost of lot included in the above price: \$ _____

b. Percentage of profit included in the above price: _____ %

c. Do you want to exclude profit? No Yes

6. Average number of months from start to finish: _____

7. What are the maximum total values on the ground at any one time? \$ _____

8. Construction Type: Frame Joisted masonry Non-combustible
 Masonry non-combustible Modified fire resistive Fire resistive

9. Protection Class

a. What percent of starts are built in Protection Class 1 - 8? _____ %

b. What percent of starts are built in Protection Class 9 & 10? _____ %

10. What subdivisions do you build in or plan to build in?

Subdivision Name	Zip Code	Max total on ground per subdivision	Distance between subdivisions	County (US only)
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

11. Jobsite Security: (Mark all that apply)

Private Security Patrol Frequency to patrol: _____

Fence

Lights

Security Camera(s)

Other Specify: _____

12. Total number of **models**: _____

a. How many are over 12 months old? _____

b. How many are over 24 months old? _____

c. How many models include contents? _____

d. Average model home value: \$ _____

e. Average contents value: \$ _____

f. Are models actively monitored? No Yes If Yes, describe: _____

13. Total number of **homes in inventory**: _____
- a. How many are over 12 months old? _____
- b. How many are over 24 months old? _____
- c. Average home in inventory value: \$ _____
- d. Are homes in inventory actively monitored? No Yes If Yes, describe _____
14. Number of **jobsite construction trailers**: _____
- a. Average value of a construction trailer: \$ _____
- b. Average value of contents: \$ _____

MULTIFAMILY

Building 1: 1. Completed Value: \$ _____ 2. Number of Units: _____

3. Description/Additional Comments:

4. Construction Type: Frame Joisted masonry Non-combustible
 Masonry non-combustible Modified fire resistive Fire resistive

5. Number of Stories: _____

6. Does the dwelling have a fire wall between units? Yes No
 If Yes, does the fire wall go through the roof? Yes No

7. What is the distance between buildings? _____

8. When does building roll over to an association?

- When first unit is occupied When all units are occupied No association
 Other, specify: _____

Building 2: 1. Completed Value: \$ _____ 2. Number of Units: _____

3. Description/Additional Comments:

4. Construction type: Frame Joisted masonry Non-combustible
 Masonry non-combustible Modified fire resistive Fire resistive

5. Number of stories: _____

6. Does the dwelling have a fire wall between units? No Yes
 If Yes, does the fire wall go through the roof? No Yes

7. What is the distance between buildings? _____

8. When does building roll over to an association?

- When first unit is occupied When all units are occupied No association
 Other, specify: _____

OPTIONAL COVERAGE

• Flood: No Yes If Yes, Limit: _____ Deductible: _____

• Earthquake: No Yes If Yes, Limit: _____ Deductible: _____

Do you require Soft Costs Coverage? No Yes If Yes, please complete the following:

Time element/Soft Costs:	Construction loan interest:	\$ _____
	Advertising expense:	\$ _____
	Realty taxes and fees:	\$ _____
	Architect/engineer supervisory:	\$ _____
	Lease renegotiation:	\$ _____
	TOTAL soft cost limit:	\$ _____

REMARKS

TERMS OF AGREEMENT:

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

BY CHECKING THIS BOX AND SIGNING THIS DOCUMENT YOU ARE AGREEING THAT YOU CONSENT TO TRANSACT BUSINESS USING ELECTRONIC COMMUNICATIONS, TO RECEIVE NOTICES, DOCUMENTS AND DISCLOSURES ELECTRONICALLY, AND TO UTILIZE ELECTRONIC SIGNATURES IN LIEU OF USING PAPER DOCUMENTS.

Signature _____ Date _____