Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

Agency: _____

Location: _____

BUILDERS RISK COVERAGE

Proposed Effective Date: _____   Proposed Expiration Date: _____

A.   APPLICANT INFORMATION

1. Named Insured: _____
2. Mailing Address: _____
3. Entity: ☐ Individual   ☐ Corporation ☐ Sub Chapter S Corp. ☐ Partnership
           ☐ Joint Venture   ☐ Non-Profit Organization
4. Applicant's Interest: ☐ Owner   ☐ General Contractor   ☐ Sub
5. Contractor's name and address (if different than applicant): _____
   _____
6. Inspection Contract: _____

B.   PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine
   coverage during the prior three years?   ☐ Yes ☐ No
   If yes explain: _____
2. Prior Carrier: _____ Premium: _____
3. LOSS HISTORY (Previous Five Years)
   Describe all losses to the property of others which have occurred over the previous five
   years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

IMPORTANT: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.

C.   UNDERWRITING INFORMATION

1. Description of Project: _____
   _____
2. Contractor engaged in similar projects previously?   ☐ Yes ☐ No
3. Number of years in business _____
4. Previous losses _____
   _____
5. Has the insured held the architect/designer harmless for errors in design?   ☐ Yes ☐ No

D.   LIMITS OF INSURANCE – new construction only (for renovation project see section 3.)
   $_____ at any one jobsite location
   $_____ while in transit

$_____ in any one disaster

Deductible desired ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other:_____

1. SPECIFIC JOB

Location: _____

Construction details:

Intended occupancy: _____

Building materials: Foundation:_____ Walls _____ Floor:_____ Roof: _____

Dimensions:_____ Number of stories:_____ Number of fire divisions:_____

Number of units:_____ Min. distance between buildings:_____ Type of space heaters used:___

Will temporary bracing be used to support exterior walls until roof is in place? ☐ Yes ☐ No

Any hoisting or rigging required? ☐ Yes ☐ No

If yes, describe (who will perform; maximum values rigged, etc.)_____

Contract price: $_____

Intended completion date: _____

Site particulars:

Fire Protection Class:_____ Distance to hydrants:_____ Distance to Fire Dept._____

Site security: Fenced   ☐ Yes ☐ No   Floodlights   ☐ Yes ☐ No

            Outside patrol service   ☐ Yes ☐ No   Watchman service   ☐ Yes ☐ No

2. COMPLETED VALUE-MONTHLY REPORTING FORM

	Type of Buildings	Duration of Construction	# of jobs in progress at any one time	Values		
				Minimum	Maximum	Average
Past 12 months						
Next 12 months						

3. RENOVATION PROJECT
Coverages and Limits of Insurance $_____ usable existing structure
$_____ new construction work at jobsite
$_____ while in transit
$_____ in any one loss

Deductible desired ☐ $1,000   ☐ $2,500   ☐ $5,000   ☐ Other: _____
Job Location: _____
Renovation Projects Details
Intended occupancy: _____
Intended completion date:_____
Site particulars

Fire Protection Class: _____ Distance to hydrants:_____ Distance to Fire Dept._____

Site security: Fenced ☐ Yes ☐ No Floodlights ☐ Yes ☐ No

Outside patrol service ☐ Yes ☐ No Watchman service ☐ Yes ☐ No

Existing Building Age_____ Dimensions_____

# of stories_____ Date Purchased_____

Occupancy _____ Occupied during renovation ☐ Yes ☐ No

Description of work to be performed_____

Any structural alterations? ☐ Yes ☐ No

Exterior walls:_____% removed Building Framework:_____% removed Other:_____

Additional structural reinforcement:_____

Protection operational during renovation: ☐ Sprinkler ☐ Burglar Alarm ☐ Fire Alarm

Building Valuation

If coverage is desired on existing building:

Date of building and land purchase . . . . _____

Cost of building and land purchase . . . . $_____

Estimated land value . . . . $_____

Improvements after purchase, but prior to this project . . . . $_____

Owner's investment in building (subtotal) . . . . $_____

Estimated cost to rebuild the portion to be used in the project with like material

100% less _____% depreciation -. . . . . x_____%

Existing building actual cash value . . . . $_____

New work to be done in renovation project:

Total contract amount . . . . $_____

Uninsurable expenditures (site preparation, etc) . . . . $_____

New Construction work. . . . . $_____

TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:

Estimated cost of removal phase . . . . $_____

Estimated cost of construction phase . . . . $_____

E. ADDITIONAL INTERESTS

1. Name:_____

Address:_____

Interest:_____

2. Name:_____

Address:_____

Interest:_____

3. Name:_____

Address:_____

Interest:_____

F. NOTICE TO APPLICANT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE – APPLICABLE IN FLORIDA ONLY.

Premium for this policy is 100% earned at policy Inception. If this application is approved, coverage will be provided for the expected duration of construction. Any extensions of the policy will be provided only with the consent of the company and upon payment of any additional premium due.

The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render

inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.

Representation: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.) If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature _____Date_____Signature_____Date_____
Agent signature _____Date_____