

GROUND UP COURSE OF CONSTRUCTION APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

			ELIGIBILITY Q	UESTIONS					
	is the property to be n the type of property		Residential	Commercial	Farm	Other			_
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 6. Is the new of Minister encum Minister encum Minister encum Minister encum Minister in the new of the new minister is the new minister in the new minister is the new minister i	onstruction located in structure exceed 3 (th struction work already construction any of t s, dome homes, oper	aured subject to more age provided by an in a high crime neight iree) stories or 30,000 begun? the following: being ra a pier, stilt homes, ro e any of the following:	a than 2 (two) mor ndividual or entity pourhood? 9 square feet? aised / elevated / I w or town homes demolition or under	tgages or other than a ifted, modular, ma , unique, green or	anufactured o r experimenta		Yes	No	

12. Is the applicant acting as Contractor?	Yes	No
13. Are all relevant permits in place and is the Contractor licensed?	Yes	No
14. Is there a signed written contract between the applicant and the Contractor?	Yes	No
15. Are there any agreements (including but not limited to hold harmless, waivers of subrogation or any other		
www.contractual provision) in place which would relieve any contractors or workers on the project from liability?	Yes	No
16. Are there any documents providing a breakdown of the projected cost of the work?	Yes	No
17. Does the Contractor carry commercial general liability insurance coverage with a minimum occurence		
limit of \$1,000,000?	Yes	No

APPLICANT DETAILS

	State		Zip code	
Telephone	Email			
Address of Property to be Insured:				
	State		Zip code	
Name and Address of Retail Broker:				
	State		Zip code	
	CONTAC	T DETAILS		
Contact Name				
Telephone	Email			
		PROPERTY DETAILS		
8. Period of Insurance: 3 Months 6 Mon	ths 9 Months Annual	19. Enter	Protection Class:	
0. Completed Value of newly constructed buil	ding:			
1. Total Square Footage of Proposed Final St	ucture:			
2. Construction Type: Fire Resistive F	rame Joisted Masonry	Masonry Non Combus	tible Modified Fire Resistive	Non Combusti
3. Number of Floors:				
4. Wind Hail Deductible per occurrence: \$1,	000 \$2,500 \$5,000	\$7,500 \$10,000	\$15,000 \$25,000	
5. All Other Perils Deductible: \$1,	000 \$2,500 \$5,000	\$7,500 \$10,000	\$15,000 \$25,000	
6. Type of Quote: Basic Spe	cial			
7. Estimated Renovation or Construction Work	Project Costs:			
8. Description of New Construction Works:				
9. What is the CGL Limit carried by the Contra	ctor: 300k 50	0k 1m		
0. Is Vandalism and Malicious Mischief cover	required: Yes No 3	I. Do you wish to buy co	overage for Theft of Building Mate	erials: Yes No
2. Is TRIPRA coverage required:	Yes No	0		
3. Please select type of Security at Location to			Automatic Sprinkler System	
Active Central Station Fire Alarm Active Ce	ntral Station Burglar Alarm	Lighting on property le	ocation None	
4. Have there been any insured or uninsured l	osses or claims at the prope	rty to be insured: Yes	No	
escribe all prior losses or claims including the epaired:	date, the nature or occurren		nt, and whether the damage has	been
5. Prior use of Land, when last occupied:				

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature_____

Retail Broker's Signature

Date

Date