



Victor Builders Risk

New Commercial/Residential Construction Application

AGENCY INFORMATION

Agency Name			
Broker Name			
Agency Mailing Address Street			
City	State	Zip Code	
Phone	Email		

SECTION 1: Insured Information

Insured Name				
Property Address Under Construction – Street				
City	State	Zip Code	County	
Insured Mailing Address - Street				
City	State	Zip Code		
Contact name				Phone
Email Address				

SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner?	Owner <input type="checkbox"/>	Builder <input type="checkbox"/>	Builder/Owner <input type="checkbox"/>
Builder Name			
Builder Address – Street			
Builder Address – City	State	Zip Code	
Does the builder have two years' experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project brand new construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the structure a 1-4 unit family building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the intended occupant of the building?			
What is the total # of structures for this location?			
Is the builder insuring other properties with Victor within 100 ft of this structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what is the total value of all structures?			
Has the builder had any builders risk losses in the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide amount, date and description.			
Is debris removed from site at regular intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 3: Property Information**

Construction type?	<input type="text"/>	Protection class?	<input type="text"/>
What is the square footage?	<input type="text"/>		
Does the project involve 'tilt-up' construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the structure be occupied during construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were there any previous losses at this location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 4: Project and Coverage Information**

Has the project started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What was or will be the start date?	<input type="text"/>
What is the estimated completion date?	<input type="text"/>			
Is the structure modular or mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If project started what is the percentage complete?	<input type="text"/>			
Total completed value of one structure?	<input type="text"/>			
Total completed value of all structures? (would be the same as the value provided for the above question if there is not a stand-alone barn or garage)	<input type="text"/>			
Select a deductible	<input type="text"/>			

▶ **SECTION 5: Coverages included in policy**

Select the optional coverages and associated limits you want include in this submission?

	Current Limit	Desired Limit
Collapse	Included	Cannot be increased
Scaffolding, construction forms and temporary structures	\$20,000	
Debris Removal	\$150,000	
Discharge from sewer, drain or sump	\$5,000	
Fire department service charge	\$10,000	
Valuable papers and records	\$20,000	
Pollutant clean up and removal	\$15,000	
Ordinance of law – direct damage		
1. Coverage for loss to undamaged portal of building	Included	Cannot be increased
2. Demolition cost coverage	\$1,000,000	
3. Increased cost of construction	\$1,000,000	
4. Combined aggregate	\$1,000,000	
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	
Property at a temporary storage location	\$500,000	
Property in transit	\$500,000	
Expediting expenses	\$50,000	
Limited coverage for "fungi," wet rot and dry rot	\$5,000	
Soft costs	\$100,000	
Claim Preparation Expense	\$25,000	
Blue Print and Construction Documents	\$25,000	
Fraud and Deceit	\$50,000	

▶ **SECTION 6:** Additional Coverages - Select the optional coverages and associated limits

			Desired Limit
Green Builder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contract Change Order Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business Income & Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission to occupy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ **SECTION 7:** Wind Coverage Information

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA).

Do you want to exclude wind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure located within 1,000 feet of ocean, sea, bay or gulf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the building on pilings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

▶ **SECTION 8:** Additional Interest

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

Name	Loan number	
Mailing Address Street		
City	State	Zip Code

▶ **SECTION 9:** Additional Information - Please provide any additional information for this submission:

▶ **SECTION 10:** Billing - options includes direct or agent bill. Premium is due in full 10 days after the effective date.

Direct bill Agent bill

I have reviewed and agree to comply with the terms and conditions for this portal. In additional, I have reviewed the application information and agree it is accurate and complete.

Email completed application to buildersrisk.us@victorinsurance.com. Call (800) 944-7472 with questions.

Victor Insurance Managers Inc.

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