

BUILDERS RISK / COC Application

Applicant's Name & Mailing Address: Phone: _____	Producer's Name & Mailing Address: Phone: _____ Code: 30- _____
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Applicant is: Individual Partnership Corporation Other: _____
 Term: Annual Single Project Other (describe): _____
 Requested Effective date: from: _____ to: _____
 Estimated Period of Construction: _____ Months

PROJECT INFORMATION:

Project location: _____
 Complete description of project: _____

Ground Up Construction: Yes No Remodel/Renovation Only: Yes No
 Construction: _____ Number of Stories: _____ Square footage: _____
 Intended Use: _____

Estimated Completed Value (Excluding Land): \$ _____
 Limits Requested (Must use 100% Completed Value): \$ _____
 Protection Class: 1-8 9-10
 How is Premises Protected: Fenced Lit at Night Night Watchman Other: _____

CONTRACTOR INFORMATION:

Name & Address of Contractor: _____

 Company Name, Limits, & Effective Dates of Contractors General Liability Policy: _____

 Does the Contractor provide a Certificate of Insurance naming Applicant as Additional Insured: Yes No

APPLICANT INFORMATION:

Applicants experience in Prior Construction Projects: _____

 Has Applicant had any Prior Claims or Losses in connection with Construction Projects: Yes No
 If Yes, describe: _____

 Loss Payee: _____

This form is not an Insurance Policy or an Insurance Contract.
 Your agreement to these terms does not create an Insurance Contract or an Insurance Agreement.
 These terms must be accepted by the Insurance Company before there is any Insurance Contract or Insurance Coverage.

Applicant's Signature	Date	Producer's Signature	Date
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