

# BUILDERS RISK APPLICATION

Name and Address of Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Secure Net Insurance Services, Inc.**  
**18425 Burbank Blvd., Suite 714**  
**Tarzana, CA 91356**  
**Phone: 1-800-723-5003**  
**Fax: (818) 343-4075**  
**E-Mail: info@securenetinsurance.com**



Billing Contact Name \_\_\_\_\_

1. Applicant is:  Individual  Partnership  Corporation  Joint venture  Other \_\_\_\_\_

2. Interest of Applicant:  Owner  Contractor Other \_\_\_\_\_

3. Mortgagee: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

4. Loss Payable interests: \_\_\_\_\_

Application is for:  Policy  Quotation Date of Application \_\_\_\_\_

Policy Term From \_\_\_\_\_ To \_\_\_\_\_

**Deductible---Frame and Joisted Masonry Construction subject to a \$5,000 minimum deductible**

\$1,000  \$2,500  Other \$ \_\_\_\_\_

**Description of Project:**

\_\_\_\_\_  
\_\_\_\_\_

**Inspection Contact Name and Phone Number:**

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**Location of Project:**

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**Limits of Insurance**

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- a. \$ \_\_\_\_\_ At the project site:
- b. \$ \_\_\_\_\_ In temporary storage at any location other than the project site
- c. \$ \_\_\_\_\_ While in transit
- d. \$ \_\_\_\_\_ For all Covered Property

**Contractor**

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Name/Address

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Has contractor engaged in this type of project before?  Yes  No If Yes, for how many years? \_\_\_\_\_

Contractor License Number \_\_\_\_\_

Contractor Website Address \_\_\_\_\_

**Construction**

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- Fire Resistive/Modified Fire Resistive  Masonry Noncombustible  Noncombustible  Joisted Masonry  Frame
- Completed value \$ \_\_\_\_\_ Estimated time to complete project \_\_\_\_\_ years \_\_\_\_\_ months
- Total square footage \_\_\_\_\_ Number of floors above ground \_\_\_\_\_ below ground \_\_\_\_\_
- Intended occupancy when completed \_\_\_\_\_

Type of project:  Ground-up Construction  Renovation/Rehabilitation---need to complete supplemental application

Is construction lift slab, tilt-up or prototype?  Yes  No

Is project on filled land?  Yes  No If Yes, are pilings used?  Yes  No

**Protection**

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Distance to operating fire hydrant \_\_\_\_\_ Fire Department:  Paid  Volunteer

Will the project be equipped with working standpipes?  Yes  No Public Fire Protection Class \_\_\_\_\_ at the job site

Will temporary heating be used?  Yes  No If Yes, described in remarks.

Will the project site be: Fenced?  Yes  No Locked?  Yes  No Lighted?  Yes  No

Will the watchman be on premises during non-working hours?  Yes  No

**Flood**

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**Flood means waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not.**

Is Flood coverage desired?  Yes  No :

Is project site in a National Flood Insurance Program Special Flood Hazard Area?  Yes  No

*No Flood coverage applies for any Insured location in a Flood Zone A, A1-30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-30, AR/A, V, V1-30, VE, VO, and D as designated by the Federal Emergency Management Agency's National Flood Insurance Program*

If Yes, complete the following: \_\_\_\_\_

Name and distance of nearest body of water to project site. \_\_\_\_\_

Height of project site above nearest body of water. \_\_\_\_\_ Flood limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

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**Earthquake**

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Is Earthquake coverage desired?    Yes    No      If Yes, Earthquake Limit                      Deductible

*No Earthquake coverage applies for any Insured location in an Earthquake Zone 9, 10, 11, and 12 according to the modified Mercalli Zones. No earthquake coverage applies in California, Hawaii, or Alaska.*

\$ \_\_\_\_\_                      \$ \_\_\_\_\_

**Soft Costs (Extra Expense and Rental Income)**

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Is Soft Cost coverage desired?    Yes    No

If Yes, check the type desired and provide the following information which is applicable to the project site.

<u>Extra Expense</u>	<u>Annual or Full Dollar Amount</u> <u>*See Note Below</u>
<input type="checkbox"/> Construction Loan Interest	\$ _____
<input type="checkbox"/> Real Estate and Property Taxes	\$ _____
<input type="checkbox"/> Architect, Engineering and Consultant Fees	\$ _____
<input type="checkbox"/> Legal and Accounting Fees	\$ _____
<input type="checkbox"/> Builders' Risk Insurance Premium Charge	\$ _____
<input type="checkbox"/> Advertising and Promotional Expenses	\$ _____
Total Extra Expense Values	\$ _____
 <u>Rental Income</u>	
<input type="checkbox"/> Total Rental Income Values	\$ _____

Limit of Insurance requested      Extra Expense \$ \_\_\_\_\_  
for:

Rental Income \$ \_\_\_\_\_

\*Show full amount of exposure for the entire job: Limit of Insurance may be less.

**Remarks:**

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**Applicable in New York State**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Date \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Insured's Signature