Jim Myers & Associates, Inc.

DWELLING BUILDERS RISK APPLICATION

New Construction

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| Named Insured: |       | Phone #: |       |
| Mailing Address: |       |
| Type of Organization: [ ]  Individual Person(s) [ ]  LLC [ ]  Corporation [ ]  Other |
| Email Address:  |       | SS#/FEIN# |       |
| Description of Named Insured | Owner:  | [ ]  | Contractor: | [ ]  | Owner/Contractor: | [ ]  |
| BUILDERS’ INFORMATION |
| Builders Name If Different Than Named Insured: |       |
| Number of Years Builders Experience: |       | Is Builder A Licensed Contractor | Yes:No: | [ ] [ ]  |  |
| License Number of Builder: |       | State Licensed: |       | Social Sec. # or FEIN: |       |
| Number of Structures Builder Built/Remodeled During Last 12 Months: |       | Number of Structures Builder Built/Remodeled Projected for Next 12 Months: |       |
| List Any Structure that Builder has Insured Within 100 ft. of This Structure (if none, show “none”: |       |
| List any Builders’ Risk Claims and Date(s) of Claims in Past 3 Years (if none, type “none”): |       |
| Does Builder Have General Liability Insurance: | Yes:No: | [ ] [ ]  | Does Builder Have Workers’Compensation Insurance: | Yes:No: | [ ] [ ]  |
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| If yes to either above questions, ask Builder to supply a “Certificate of Insurance” |
| BUILDING INFORMATION |
| Dwelling Property Address: |       |
|  |
| Type of Dwelling to be Built | One FamilyTwo Family | [ ]  [ ]  | Other (describe):  |       |
| Approximate Date You Wish Coverage to Take Effect: |       |
| Anticipated Date of Construction Completion: |       | % Of Work to be Completed by 11-1 |       |
| Has Project Started | Yes:No: | [ ] [ ]  | If YES – Percent Complete: |       |  |  |
|  |  |
| DescribeConstruction: | Frame – Exterior Walls of Wood, Brick Veneer, Stone Veneer or Stucco:Joisted Masonry – Exterior Walls of Solid Brick, Masonry, Concrete with Frame Floors & Roof:Other: | [ ] [ ] [ ]  |
| Total Value of Completed Structure: |       | Total Square Footage of Completed Structure: |       |
| Number of Floors: |       |
|  |  |
|  |
| Will Structure be Built on Pilings | Yes:No: | [ ] [ ]  | If Yes, What Length: |       |
|  |
| First Floor Elevation: | [ ]  Slab[ ]  Raised Under 3 Feet[ ]  Raised Over 3 Feet | Is Foundation: | Open:Closed: | [ ] [ ]  |
| If Insurance Needed on Fences, Signs, or Other Property – Please Explain: |       |
| Will Dwelling be Occupied During Construction: | Yes:No: | [ ] [ ]  |
| Describe any Measures Taken to Protect Property During Renovation (fences, lighting, guards, cameras, etc.): |       |
| Date Construction will be Completed:  |       |  |
| Date Structure will be Fully Enclosed: |       | Commercial Business within 300 ft. of premises: | Yes:No: | [ ] [ ]  |
| Percent of Structure to be Glass: |       | Percent of Glass that is Impact-Resistant: |       |
| Other Information |
| Name & Address of Mortgagee, if applicable (as to be shown on policy): |       |
| Do You Wish Separate Quote for Premises Liability (Owners Exposure Prior to, During, and After Construction Completion): | Yes:No: | [ ] [ ]  |
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| THE INSURANCE COMPANY PROVIDING COVERAGE FOR BUILDERS RISK MAY ASSESS CERTAIN DEDUCTIBLES OF BETWEEN 1% AND 5% OF BUILDING COVERAGE FOR WIND AND HAIL DAMAGE ON PROPERTIES IN COASTAL AREAS. |
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| OTHER PERIL DEDUCTIBLES CAN BE CHOSEN BY YOU BETWEEN $1,000 AND $5,000. LARGER DEDUCTIBLES MAY BE AVAILABLE FOR LARGE PROJECTS. |
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| Today’s Date:  |       |  |