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: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Type of Dwelling to be Built | | | | | | | | | | | | | | | | | | | One Family  Two 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: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
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| Describe  Construction: | | | | 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: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Will Structure be  Built on Pilings | | | | | | | Yes:  No: | | | |  | | | | | If Yes, What Length: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |