

Specialty Home & Dwelling

Builders Risk Application



Builders Risk Application

Applicant to complete this application for all dwellings undergoing construction or renovation.

Applicant information:

Current and prior Evanston policy number(s): _____

Name of applicant: _____

Location address (street, city, state & zip): _____

Occupation: _____ Employer: _____

General information:

1. Builders risk type: ☐ Ground up new construction ☐ Renovation ☐ Full gut/renovation

2. Please provide a detailed list of all interior and exterior renovation/construction work planned.

3. Projected construction/renovation start date: _____

4. Projected construction/renovation completion date: _____

5. Percentage of construction/renovation currently completed: _____

6. Estimated completed value of dwelling: _____

7. Is roof being replaced?Yes ☐ No ☐

8. Is plumbing being replaced?Yes ☐ No ☐

9. Will any demolition of exterior walls be taking place?Yes ☐ No ☐

10. Are dwelling walls, windows, doors, and roof fully enclosed, intact, and in at least average condition?
(N/A to ground up new construction) Yes ☐ No ☐

(If no, please explain)

11. Will the dwelling be occupied by the applicant or tenant during construction?
(N/A to ground up new construction) Yes ☐ No ☐

Security information:

Construction site fenced? Yes ☐ No ☐

Construction site lit? Yes ☐ No ☐

Gated community? Yes ☐ No ☐

Any additional security: _____

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Contractor information:

1. Building permits currently in place?.....Yes [] No []

(If no, please state date they will be in place) _____

2. Name of General Contractor: _____

3. Is the General Contractor licensed and insured?Yes [] No []

(If no, please explain) _____

4. General Contractor's insurance carrier and limits: _____

5. Will the applicant be hiring any sub-contractors directly?Yes [] No []

(If yes, provide detailed list of what work is being done by applicant hired sub-contractors)

Additional information:

Applicant's statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____