



BUILDERS RISK APPLICATION

Western Heritage INSURANCE COMPANY

A. APPLICANT & CONTRACTOR INFORMATION

1. Name & Address of Applicant: _____

2. Applicant's Interest: Owner Contractor Other _____

3. Name & Address of General Contractor: _____

Bonded: Yes No Certificates from Subcontractors: Yes No
Years experience in this type of construction: _____

4. Loss History: None.

<u>Date</u>	<u>Description/Carrier</u>	<u>Amt. Paid/Reserved</u>	<u>Open/Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. PROJECT INFORMATION

1. Limits of Insurance

Completed Value of Project, plus \$ _____

Value of Temporary Structures, \$ _____

TOTAL Project Limit of Insurance \$ _____

Sub-Limit: Property at Location Other than Job Site \$ _____

Sub-Limit: Property in Transit \$ _____

If project is Renovation, and Value of unoccupied existing structure is to be included in this coverage:

ACV of Existing Structure, plus \$ _____

Value of Renovations, Repairs, Additions \$ _____

Completed Value of Project \$ _____

2. Description of Project: _____

3. Location of Job Site: _____

4. Deductibles Requested:
\$ _____ Property at Job Site or any Other Location \$ _____ Property in Transit

5. Start Date: _____ Estimated Completion Date: _____

6. Project is: Single Job Multiple Projects (Complete Item #15)
7. Project is: New Construction Renovation Addition
8. Construction is: I. Frame II. Joisted Masonry III. Mas. Non-Comb.
 IV. Non-Comb. V. Mod. Fire Res. VI. Fire Resistive
9. Number of floors above ground: _____ . Below ground: _____ .
10. Square feet per floor: _____ . Total square feet: _____ .
11. Off-site storage Location, Description and Protection: _____

Maximum Values at Risk: \$ _____

12. Transit methods: _____
 Maximum Value any one shipment: \$ _____
13. Town Protection Class _____ . Distance to Fire Station _____ . Paid Volunteer
 Distance to Operating Fire Hydrant _____ . Private Fire Protection available: _____
 Is Job Site: (Check all "Yes" answers) Fenced? Lighted?
 Patrolled by watchman after working hours? Regularly patrolled by Police?
 Describe other protective measures: _____

14. Any removal, replacement or alteration of Load bearing walls? Yes No
 Describe: _____
- Any excavation beneath or raising of an existing structure? Yes No
 Describe: _____
- Any rigging or hoisting operations? Yes No
 Describe: _____

15. Complete if multiple projects requiring Completed Value Reporting Form:

Const. Type:	Annual Number	Avg. Duration	Max. Value Per Project	Avg. Value Per Project	Catastrophic Limit Requested
Residential	_____	_____	\$ _____	\$ _____	\$ _____
Commercial	_____	_____	\$ _____	\$ _____	\$ _____
Total	_____	_____	\$ _____	\$ _____	\$ _____

16. Loss Payees: _____

17. Additional Comments: _____

C. SIGNATURES

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____