

ACE USA Builders Risk Application

Standard Form
 Xtra Form

ACE USA



GENERAL INFORMATION	NAMED INSURED										
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> OTHER (Specify)										
	ADDRESS										
POLICY PERIOD 12:01 A.M. STANDARD TIME FROM: TO:											
PROJECT INFORMATION	NAME OF PROJECT	EXACT LOCATION									
	INTENDED OCCUPANCY	START AND FINISH DATES OF CONSTRUCTION FROM: TO:									
	GENERAL CONTRACTOR IF NOT NAMED INSURED (Name and Address)										
	SUB CONTRACTORS (Name, Address and work to be done)										
	DESCRIPTION OF CONSTRUCTION		CONTACT AT JOB SITE								
			PHONE								
	a. TYPE OF WALLS	FLOORS	NUMBER OF FLOORS								
			ROOF								
			FOUNDATION								
	b. NUMBER OF BUILDINGS/STRUCTURES	CLOSEST DISTANCE BETWEEN									
		ATTACH PLOT PLAN IF MORE THAN ONE STRUCTURE.									
c. IF RENOVATION OR ADDITION, ATTACH DESCRIPTION	DESCRIBE CONNECTION TO EXISTING STRUCTURE										
WHAT IS THE PRESENT OCCUPANCY OF THE EXISTING STRUCTURE?		WILL THE EXISTING OCCUPANCY REMAIN DURING CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DESCRIPTION OF HOW CONSTRUCTION WILL WORK AROUND THE EXISTING OCCUPANCY									
LIMITS OF INSURANCE Value at Completion \$ _____ Limit Desired \$ _____ Transit Limit \$ _____ Temporary Location \$ _____		IF RENOVATION: Actual cash value of existing structure \$ _____ Value of improvements and betterments \$ _____									
SOFT COSTS Monthly Limit \$ _____ Aggregate Limit \$ _____ LOSS OF RENTS Monthly Limit \$ _____ Aggregate Limit \$ _____ BUSINESS INCOME Monthly Limit \$ _____ Aggregate Limit \$ _____		ADDITIONAL LIMITS. The amount shown is the amount we provide in the policy. Indicate the total limit you need if it is above the amount shown. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ADDITIONAL COVERAGES</th> <th>Limit Included</th> <th>Limit Desired</th> </tr> </thead> <tbody> <tr> <td>Debris Removal</td> <td>\$25,000</td> <td>\$ _____</td> </tr> <tr> <td>Valuable Papers & Records</td> <td>\$25,000</td> <td>\$ _____</td> </tr> </tbody> </table>	ADDITIONAL COVERAGES	Limit Included	Limit Desired	Debris Removal	\$25,000	\$ _____	Valuable Papers & Records	\$25,000	\$ _____
ADDITIONAL COVERAGES	Limit Included	Limit Desired									
Debris Removal	\$25,000	\$ _____									
Valuable Papers & Records	\$25,000	\$ _____									
EXTENSIONS OF COVERAGE. Indicate the limit desired. Earth Movement \$ _____ Flood \$ _____ Performance or Hot Testing \$ _____		DEDUCTIBLES Flood \$ _____ Or _____ % Earth Movement \$ _____ Or _____ % Testing \$ _____									
REPORTING, if desired indicate type. <input type="checkbox"/> Completed Value <input type="checkbox"/> Values at Risk Frequency of Reports _____ Adjustment Frequency _____ Deposit: <input type="checkbox"/> Used as reports are entered <input type="checkbox"/> Used with final report		Soft Costs \$ _____ Or _____ Days Business Income or Loss of Rents \$ _____ Or _____ Days All Other Causes of Loss \$ _____									

BB-3F05c (8/95)

002

ACE USA INLAND MARINE

02/15/05 TUE 13:00 FAX 812593271

MATERIALS		
OFF SITE STORAGE? IF YES, HOW MUCH AND WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FORMS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER (Specify)		
WHAT CONSTRUCTION TECHNIQUES WILL BE USED TO BUILD THE STRUCTURE? <input type="checkbox"/> STANDARD <input type="checkbox"/> LIFT SLAB <input type="checkbox"/> POURED IN PLACE <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER (Describe)		
ENVIRONMENT		
a. PUBLIC FIRE PROTECTION ISO GRADE _____ DISTANCE TO FIRE DEPARTMENT _____ <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER		
FIRE HYDRANTS <input type="checkbox"/> NONE <input type="checkbox"/> YES NUMBER WITHIN 100 FT. _____ 500 FT. _____		PROJECT INCLUDES INSTALLATION OF NEW HYDRANTS <input type="checkbox"/> NO <input type="checkbox"/> YES
WATER IS ON AT THE NEAREST FIRE HYDRANT <input type="checkbox"/> NO <input type="checkbox"/> YES DISTANCE TO NEAREST FIRE HYDRANT _____		
b. PRIVATE FIRE PROTECTION <input type="checkbox"/> WATER BARRELS <input type="checkbox"/> HOSELINES <input type="checkbox"/> FIRE EXTINGUISHERS <input type="checkbox"/> OTHER (Specify)		
c. SPRINKLER SYSTEM/STANDPIPES <input type="checkbox"/> NONE <input type="checkbox"/> YES		d. PREMISES PROTECTION <input type="checkbox"/> FENCED <input type="checkbox"/> LIGHTED <input type="checkbox"/> WATCHMAN <input type="checkbox"/> OTHER (Specify)
e. ADJACENT EXPOSURES/BUILDINGS/STRUCTURES <input type="checkbox"/> NONE <input type="checkbox"/> YES (Specify)		
f. RUNOFF WATER PROBLEMS <input type="checkbox"/> NO <input type="checkbox"/> YES		g. SUBSIDENCE (Problems in Area) <input type="checkbox"/> NO <input type="checkbox"/> YES
h. MUD SLIDE (Problems in Area) <input type="checkbox"/> NO <input type="checkbox"/> YES		
i. EARTHQUAKE ZONE (If coverage provided)	PAST EARTHQUAKE PROBLEMS	DESIGN MEETS EARTHQUAKE RESISTANCE STANDARDS <input type="checkbox"/> NO <input type="checkbox"/> YES
j. FLOOD ZONE (If coverage provided)	CLOSEST BODIES OF WATER	
DISTANCE TO & ELEV. DIFF. FROM NEAREST BODY OF WATER	PAST FLOODING IN AREA <input type="checkbox"/> NO <input type="checkbox"/> YES	k. BLASTING REQUIRED <input type="checkbox"/> NO <input type="checkbox"/> YES
I. DESCRIBE TYPE AND EXTENT OF TESTING		
OTHER INFORMATION (Attach)		
MORTGAGEE AND/OR LOSS PAYEE, INDICATE INTEREST		
If covered, attach the following information: <ul style="list-style-type: none"> • List all Soft Cost Items with Amount • Show how Loss of Rents was Calculated • Show how Business Income was Determined 		
List all losses (Insured or Uninsured) during past 3 years which have been covered by this form of policy.		
	DATE	AMOUNT CAUSE
DESCRIBE OTHER INSURANCE YOU WRITE FOR APPLICANT		
LIST COVERAGES IN THIS COMPANY		
<p>The following warning statement is required by regulation 95 of the Insurance Department of the State of New York. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p>		
AGENCY		
ADDRESS		
AGENCY CODE	PRODUCER'S SIGNATURE	DATE

OTHER DATA

LOSS INFORMATION

FOR AGENT

**ACE USA Builders Risk
Supplemental Renovation Application**

Insured:

Producer:

Date:

Please attach to a completed Builders Risk application.
Explain any responses in the space provided on page 2.

1. **Why is the building being renovated?**
 - Change occupancy
 - Repair fire damage
 - Other: _____
 - Bring up to current building codes
 - Cosmetic upgrade

2. **What is the age of the existing structure (in years)?**
 - 0-5
 - 6-20
 - 21-40
 - over 40

3. **What is the physical condition of the structure?**
 - Excellent
 - Good
 - Average
 - Below Average
 - Poor

4. **Is the building structurally sound?**
 - Yes
 - No, Explain on page 2.

5. **Had building been renovated prior to this?**
 - No
 - Yes, date ____/____/____
 - Do not know

6. **What is the contract value to renovate the property?** \$ _____

7. **What is the nature and extent of the work to be performed?**

Has the building already been gutted? Yes No
 Are there any structural modifications to be made? Yes No
 If yes, please explain: _____

8. **Protection** Does the building currently have any of the following:
- | | | | |
|---|--|---------------|--|
| Operational Sprinkler System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Burglar Alarm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operational Standpipe System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire Alarm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will they be operational while work is in progress? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. **Occupancy**
- Currently occupied: How is it occupied? _____
 Will the building continue to be occupied while work is in progress? Yes No
 - Currently vacant space For how long? _____ Previous occupancy _____
 Intended occupancy after renovation: _____



