



# Builders Risk Plus®

Please attach to Basic App or ACORD 125.

## RISK INFORMATION

**About the Owner...** (if other than insured) Name: \_\_\_\_\_ Address: \_\_\_\_\_

**About the Contractor...** (if other than insured) Name: \_\_\_\_\_ Address: \_\_\_\_\_

**About the Architect or Consulting Engineer...** Name: \_\_\_\_\_ Address: \_\_\_\_\_

Has the insured held the Architect/Designer harmless for errors in design?  Yes  No

Describe the contractor's experience with this type of construction:

\_\_\_\_\_

**LIMITS OF INSURANCE:** If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.

\$ \_\_\_\_\_ at construction jobsite location      \$ \_\_\_\_\_ while in transit

\$ \_\_\_\_\_ in any one loss

Deductible:  \$1,000       \$2,500       \$5,000       Other: \_\_\_\_\_

## SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"

### A. SPECIFIC JOB

**Location:** \_\_\_\_\_

**Construction Details...**

Building Materials: Walls \_\_\_\_\_ Floors \_\_\_\_\_ Roof \_\_\_\_\_

Intended Occupancy: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Number of stories: \_\_\_\_\_

Intended Completion Date: \_\_\_\_\_ Contract Price: \$ \_\_\_\_\_

Any rigging required?  Yes\*  No

\* Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform:

\_\_\_\_\_

### Site Particulars..

Fire Protection Class (at site): \_\_\_\_\_ Distance to Hydrants: \_\_\_\_\_ feet

Check any that apply at jobsite:  Fenced  Floodlights

Outside Patrol Service; How frequent? \_\_\_\_\_

Watchman Service; Hours? \_\_\_\_\_

### B. COMPLETED VALUE - MONTHLY REPORTING FORM

	Type of Buildings	Duration	# of Jobs		Values		
			Min	Max	Minimum \$	Maximum \$	Average \$
Past 12 Months	_____	_____	_____	_____	_____	_____	_____
Next 12 Months	_____	_____	_____	_____	_____	_____	_____

**OPTIONAL COVERAGES & ENDORSEMENTS** (check desired coverages & complete appropriate questions)

**Time Element Coverage**

\$ \_\_\_\_\_ Soft Costs, including:

Interest on Construction loan       Lease renegotiation fees       Advertising Exps

Realty taxes & other assessments       Architectural or engineering supervisory fees

\$ \_\_\_\_\_ Rental Value

Deductible: \$ \_\_\_\_\_, OR \_\_\_\_\_ days waiting period

**Flood Coverage** - Sublimits [if different from other limit(s)]

\$ \_\_\_\_\_ at \_\_\_\_\_

\$ \_\_\_\_\_ at \_\_\_\_\_

\$ \_\_\_\_\_ any other location

\$ \_\_\_\_\_ in any one policy year

- Deductible (if different from deductible for other coverages)

\$ \_\_\_\_\_; \_\_\_\_\_ hours waiting period

- Federal Flood Zone at jobsite:

<input type="checkbox"/> A	<input type="checkbox"/> AE	<input type="checkbox"/> A1:A30	<input type="checkbox"/> AO	<input type="checkbox"/> A99
<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> V	<input type="checkbox"/> V1:V30
<input type="checkbox"/> VE	<input type="checkbox"/> VO	<input type="checkbox"/> Shaded X	<input type="checkbox"/> Unshaded X	

**Earthquake Coverage** - Sublimits [if different from other limit(s)]

\$ \_\_\_\_\_ at \_\_\_\_\_

\$ \_\_\_\_\_ at \_\_\_\_\_

\$ \_\_\_\_\_ any other location

\$ \_\_\_\_\_ in any one policy year

- Deductible (if different from deductible for other coverages)

- \$ \_\_\_\_\_ OR \_\_\_\_\_ % of value

- \_\_\_\_\_ hours waiting period

**Temporary Location** \$ \_\_\_\_\_ at a temporary location

- Type of property stored: \_\_\_\_\_ - Maximum values stored: \$ \_\_\_\_\_

**Furniture & Appliances Covg**

\$ \_\_\_\_\_ at \_\_\_\_\_

\$ \_\_\_\_\_ at \_\_\_\_\_

\$ \_\_\_\_\_ in any one building

\$ \_\_\_\_\_ any one loss

Flat Annual Premium      OR       Monthly Reporting

**Ordinance or Law Coverage**

Loc: _____	\$ _____ Demolition Cost	\$ _____ Incrsd Cost of Constructn.
Loc: _____	\$ _____	\$ _____

**Temporary Structures Endorsement** \$ \_\_\_\_\_ on temporary structures, scaffolding, forms at jobsite

<input type="checkbox"/> \$5,000 <b>Extra Expense Coverage</b>	<input type="checkbox"/> \$5,000 <b>Fire Protection Equipment Coverage</b>
<input type="checkbox"/> \$100,000 <b>Inflation Protection Cvg</b>	<input type="checkbox"/> \$5,000 <b>Plans and Records Coverage</b>
<input type="checkbox"/> \$1,000 <b>Fire Dpt Service Charge</b>	<input type="checkbox"/> \$5,000 <b>Removal Expense</b> (to avoid imminent loss from a covered cause)
<input type="checkbox"/> <b>Machinery Breakdown Coverage</b> (excluding production machinery)	
<input type="checkbox"/> \$5,000 <b>Lawns, Trees, Shrubs, &amp; Plants Coverage</b> (Limited to \$500 any one); fire, lightning, explosion aircraft, civil disturbance or riot)	

**Permission to Occupy** Location: \_\_\_\_\_ Occupancy: \_\_\_\_\_

**Permission to Waive Rights** against the following: \_\_\_\_\_

**Watchman Warranty** Watch starting date: \_\_\_\_\_ Location Protected: \_\_\_\_\_

<input type="checkbox"/> <b>Testing Exclusion</b>	<input type="checkbox"/> <b>Steam Boiler Exclusion</b>
<input type="checkbox"/> <b>Contingent Coverage Endorsement</b>	<input type="checkbox"/> <b>Difference in Conditions</b> (excludes certain named perils)

F. 935B (6/97) 2 of 2 (+ Supplement if Renovation or Homebuilders project)

**If RENOVATION or HOMEBUILDERS project, complete supplement.**

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.