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Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381  
FAX 617 471 7180 / TF 888 628 1906  
EMAIL info@xsbrokers.com

WEB  
xsbrokers.com

## Builder's Risk Supplemental Application

Name of Agent: \_\_\_\_\_

Applicants Name:	SS# : (    -    -    )
Occupation:	Employer:
Name of Contractor:	

(Note: No protection class 9s or 10s will be permitted)

**Contractor Info:**

Building Permit: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Licensed Builder: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Construction Financing: (one must be checked)	Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>		
	Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>		
Construction or Renovation	Effective Date:			
Construction or Renovation	Expiration Date:			
Percentage of Construction or Renovation Completed:	%			
Estimated Completed Value: \$				
Purchase Price: \$				

**Security:**

Gated Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Guarded Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Property Fenced Min 6 ft required: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Lighting on property: (no street lighting)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Central Station Alarms: (check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/>	Combo <input type="checkbox"/>	
Provide details for "yes" answers:					

**Extended Coverages:**

Liability: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Theft of Building Material: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Ext. Option 1 <input type="checkbox"/>	Ext. Option 2 <input type="checkbox"/>	Both Theft and Ext. Option 1 <input type="checkbox"/>	Both Theft and Ext. Option 2 <input type="checkbox"/>		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_