



ACCT ID:_____

Insured Name (as it should appear on the policy):	
Mailing Address:	
Location of Risk:	
Proposed Effective Date: From	То
Previous Insurer: Indicate premium and losses for the p	past three years. Describe all losses. If none or no prior, please indicate.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

PROPERTY SECTION

Exposure	Existing Value	Completed Value	* Valuation / Coins.	Deductible
Building #1	\$			\$
Building #2	\$			\$
Other	\$			\$

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: [] Basic [] Special Excluding Theft (If no security, Alarmed or Patrolled)

	s [] No (Available only on builde] Joisted Masonry [] Non-Com		EDUCTIBLE: \$ on-Combustible
[] Modified Fir	e Resistive [] Fire Resistive		
ection Class:	Square Footage:	Year Built:	No. Stories:
ective Devices:			
Alarm:[]Yes []No	If yes, type:		Sprinklered: [] Yes [] No
ROPERTY (check all appli	cable): (A) Vacant (B) New	Construction*	(C) Renovation*
(A-1) Vacant Condo	Unit # * Building amount	of new construction and/or re	enovation should be based on completed value.
(D) New Purchase	(Not applicable if no prior occu	oancy) If previously vacan	nt, vacant since
(E) Residential	(F) Com	mercial	(G) Boarded
(H) Locked	(I) Fenc	ed	(J) Alarmed
If a residential dwelling	g, does any part of the dwelling con	sist of a "mobile home" or	"modular home"?[]Yes []No
If yes, is there a contin	uous masonry foundation surround	ing the entire home and pi	itched shingle roof? [] Yes [] No
Intended use of buildi	ng(s)		
Describe extent of rend	ovation, if any		
-			Renovations Only Entire Structur
-	-		ommercial GL policy in force? [] Yes [] No

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? [] Yes [] No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage

Applicant is: [] Individual [] Corporation [] Partnership [] Joint Venture [] Other (Specify)_____

LIMITS OF LIABILITY REQUESTED			
General Aggregate	\$		
Products & Completed Operations Aggregate	\$ Excluded		
Personal & Advertising Injury	\$ Excluded		
Each Occurrence	\$		
Damage to Premises Rented to You	\$ Excluded		
Medical Expense (any one person)	\$ Excluded		
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD		
	Deductible \$500 per claimant		
Additional Insured			
Additional Insured Address			
What is the Additional Insured's Interest			

This section must be completed and signed

Applicant's Name (Please Print)	Date
Applicant's Signature	Applicant's Phone #
Agency	
Agency Address	
Agent's Signature	_ Agent's License Number
Agent's Phone #	Agent's Fax #
Agent's Email Address	

	POLICY PREMIUM
Base	\$
Fee	\$
Тах	\$
Total	\$