



Builders Risk Application | Specific Location

Producer Information

Agency name: _____ Producer codes: _____

Submitted by: _____ Phone number: _____

Contractor Information

Is the contractor: Named insured Additional insured Not named on the policy

Contractor name: _____

Address: _____

City, state, zip: _____

Has contractor completed this type of work before? Yes No

Loss prevention contact and phone number: _____

Year business started: _____

***If less than two years in business email resume to Underwriter with app*

Owner if Different from Contractor

Contractor name: _____

Address: _____

City, state, zip: _____

Is the owner: Named insured Additional insured Not named on the policy

Contractor Loss History

Date Amount Paid Deductible Cause of Loss Prevention Implemented

Date	Amount Paid	Deductible	Cause of Loss	Prevention Implemented

No losses in the past 5 years More loss history on attached pages Yes No



SOUTH EAST COASTAL
UNDERWRITERS

Coverage declined, cancelled or non-renewed last 3 years, for any of these reasons:

Nonpayment loss history or insurance fraud? Yes No

Ever filed bankruptcy of reorganization? Yes No

Who was prior insurance carrier last 3 years?: _____

Construction Site Information

Estimated start date: _____ Completion date: _____

Address: _____

City, state, zip: _____

Project type: New ground up builders risk New work only to existing building
 Renovation including existing structure

New work completed value: _____ Existing structure completed value: _____

Construction type: Frame Joisted masonry Other: _____

Number of stories: _____ Square feet: _____

Public fire protection class: _____

If existing structure: What is the age of the building?: _____

Is building occupied during renovation: Yes No

Any removal or movement of load bearing walls? Yes No

Describe structural changes: _____

Is this a mobile, manufactured or modular home: Mobile Manufactured Modular

Jobsite security: Private security patrol (Frequency _____) Fence, light, other _____

Distance to hydrant: _____ Distance to fire station: _____

Has construction of the project started prior to the proposed effective date of the policy?

Yes No

If yes, what percentage is complete?: _____%



SOUTH EAST COASTAL
UNDERWRITERS

Lender Information

Name: _____

Address: _____

City, state, zip: _____

Is lender an: Additional insured Mortgagee Loss payee

Optional Coverage

Flood: _____ Limit: \$ _____

Earthquake: _____ Limit: \$ _____

Do you require soft costs coverage? Yes No Please provide total limit: \$ _____

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

Rating Information

Effective date: _____ Expiration date: _____

New construction work at jobsite limit: \$ _____

Usable existing structure (if necessary) limit: \$ _____

In transit limit: \$ _____ Any one loss limit: \$ _____

Deductible: \$ _____

Profit and overhead: Include Exclude

Description of Project and Remarks

[Click Here to Submit](#)