



# The Professional Protector Plan®

## Builder's Risk Application

### Special Causes of Loss Form

**Section I – Policy Information**

New Policy      or       Renewal Policy

Proposed Effective Date: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

Applicant's Interest \_\_\_\_\_

Additional Interest (Name/Address)	Interest	<input type="checkbox"/> Certificate of Insurance Requested
_____	_____	_____
_____	_____	_____

Additional Interest (Name/Address)	Interest	<input type="checkbox"/> Certificate of Insurance Requested
_____	_____	_____
_____	_____	_____

**Section II – Contractor Information**

Does the owner act as General Contractor       Yes       No

- **If yes**, (the owner is the General Contractor), attach Certificates of General Liability and Workers' Compensation for all Subcontractors.
- **If no**, (the owner is not the General Contractor), attach Certificates of General Liability and Workers' Compensation from the General Contractor.

\*Note – If Certificates of Insurance are not presented with this application, provide the following information as it applies to either each Subcontractor or General Contractor. Certificates must be submitted within 30 days.

Name of Contractor: \_\_\_\_\_

	<u>General Liability</u>	<u>Workers' Compensation</u>
Insurance Carrier	_____	_____
Limits	_____	_____
Policy Period	_____	_____
Is Contractor experienced in this type of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section III – Project Information**

Location Address \_\_\_\_\_

Limits of Insurance	Deductible
\$ _____ Building/Structure	\$ _____
_____ Earth Movement, if desired	_____ %

Describe the Project \_\_\_\_\_

\_\_\_\_\_

Intended Occupancies \_\_\_\_\_

Square Footage \_\_\_\_\_ Number of Stories \_\_\_\_\_

Estimated Project Duration \_\_\_\_\_ Days \_\_\_\_\_ Months or \_\_\_\_\_ Years

Construction Breakdown

\_\_\_\_\_ % Frame

\_\_\_\_\_ % Brick

\_\_\_\_\_ % Non-Combustible

\_\_\_\_\_ % Fire Resistance

In addition, \_\_\_\_\_ % of the wall surface is glass.

**Section IV – General Underwriting Information**

Public Protection Classification of Town \_\_\_\_\_

Responding Fire Department \_\_\_\_\_

Distance \_\_\_\_\_ Miles

Are hydrants operational at job site?  Yes  No

Nearest fire hydrant \_\_\_\_\_ feet

Other Water sources \_\_\_\_\_

Will Standpipes be installed?  Yes  No

- If yes, will they be operational during construction  Yes  No

- If yes, when? \_\_\_\_\_

Will Fire Extinguishers be used?  Yes  No

Is job site fenced?  Yes  No Height of the fence? \_\_\_\_\_ feet

Is watchman service provided?  Yes  No

- If yes, describe \_\_\_\_\_

Describe any other theft precautions taken \_\_\_\_\_

Will all changes to blueprints be approved by the Architect/Engineer?  Yes  No

Will location be accessible over paved roads?  Yes  No

How is debris disposed of? \_\_\_\_\_

How are flammable solvents or liquids stored? \_\_\_\_\_

Will combustible insulation be used?  Yes  No

- If yes, describe the type of insulation, method of installation and storage precautions \_\_\_\_\_

Describe the type of portable or temporary heating to be used; is it UL listed?  Yes  No

Will walls be properly braced until tied down by roof and walls?  Yes  No

Identify who transports building materials (i.e. owner, contractor, common carrier)

Values shipped \_\_\_\_\_ Average  
\_\_\_\_\_ Maximum

List specific off site locations used for temporary storage (specify type of materials stored and usual duration of storage) \_\_\_\_\_

Describe adjacent buildings within 100 feet of job site (Description should include type of occupancy) \_\_\_\_\_

Does this project involve any building renovation or rehab?  Yes  No

- If yes, describe the work to be done \_\_\_\_\_

Age of building \_\_\_\_\_

Value of shell \_\_\_\_\_ Value of Construction (materials and labor) \_\_\_\_\_

Does the project involve any demolition?  Yes  No

- If yes, describe the extent of the demolition \_\_\_\_\_

Does this project involve any addition to existing structures?  Yes  No

- If yes, describe \_\_\_\_\_

**Section V – Builder’s Risk Loss History**

This section pertains to any losses the owner has experienced when carrying a prior Builder’s Risk Policy. If there have been any losses in the past 3 years, provide Date of Loss(es), Description of Loss(es) and Amount of Loss(es) or Reserve(s) Amount(s).

Check here if there were none

**AUTHORIZATION**

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I agree that any coverage issued will be contingent upon the truth of the preceding information. I further understand that any incorrect or incomplete statement could invalidate my coverage. I hereby authorize AAIC to release the information on this application and associated underwriting information.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

**NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON:** Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

\_\_\_\_\_  
Signature in full Date

\_\_\_\_\_  
Agent's Signature Date

If you apply your signature to this application electronically, you hereby consent and agree that your use of a key pad, mouse or other device to affect your electronic signature constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

**AGENCY INFORMATION**

<b>RETURN TO:</b>
State Administrator Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Agent's License Number: _____

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