



# ESSEX INSURANCE COMPANY

## BUILDERS RISK APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ POLICY TERM: \_\_\_\_\_ TO \_\_\_\_\_

DESCRIPTION OF OPERATIONS: \_\_\_\_\_

INSURED IS: \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ JOINT VENTURE.

ESTIMATED START DATE OF PROJECT: _____	PROJECT CURRENTLY UNDER CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED COMPLETION DATE OF PROJECT: _____	IF YES - ORIGINAL START DATE: _____
ESTIMATED TERM OF CONSTRUCTION: _____ MONTHS _____	% COMPLETED: _____ VALUES COMPLETED: _____

**LIMITS OF LIABILITY:**

TOTAL COMPLETED VALUE OF PROJECT: \$ _____	TEMPORARY STORAGE: \$ _____
LOSS LIMIT (IF APPLICABLE): \$ _____	TRANSIT: \$ _____
IF RENOVATIONS: \$ _____ VALUE OF EXISTING STRUCTURE (ACV)	\$ _____ COST OF RENOVATIONS (RC)

**OPTIONAL COVERAGES: (MUST BE CHECKED)**

WINDSTORM:  IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL?  YES  NO

IF YES - MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ \_\_\_\_\_

ELEVATION OF FIRST FINISHED FLOOR? \_\_\_\_\_

SOFTS COSTS:  \$ \_\_\_\_\_ (MUST ATTACH COMPLETE BREAKDOWN)

LOSS OF RENTS:  \$ \_\_\_\_\_

LOSS OF EARNINGS:  \$ \_\_\_\_\_

**DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)**

\$ 1,000  \$ 2,500  \$ 5,000  OTHER \$ \_\_\_\_\_

**PROJECT INFORMATION:**

LOCATION ADDRESS: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PROJECT TYPE: RESIDENTIAL:  SINGLE FAMILY  TWO FAMILY  COMMERCIAL:

PUBLIC PROTECTION CLASS: \_\_\_\_\_ CITY LIMITS: INSIDE  OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: \_\_\_\_\_ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: \_\_\_\_\_

DISTANCE FROM COASTAL WATERS: \_\_\_\_\_ FEET \_\_\_\_\_ MILES

TOTAL SQ. FT. AREA: \_\_\_\_\_ # OF BUILDINGS: \_\_\_\_\_ APPROXIMATE DISTANCE BETWEEN BUILDINGS: \_\_\_\_\_

# OF STORIES: \_\_\_\_\_

INTENDED OCCUPANCY: \_\_\_\_\_

CONSTRUCTION TYPE:  FRAME      WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD  
(CHECK ONE)

MASONRY JOIST      WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE

NONCOMBUSTIBLE      WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL

MASONRY NONCOMBUSTIBLE      WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL

FIRE RESISTIVE      WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

NEAREST EXPOSED STRUCTURE: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ DISTANCE TO: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? \_\_\_\_\_

IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:  
\_\_\_\_\_

**SITE SECURITY:**

SITE FENCED?  YES  NO      WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS?  YES  NO

SITE LIGHTED?  YES  NO      HOURS ON SITE? \_\_\_\_\_

**LOSS CONTROL:**

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?  YES  NO      FREQUENCY: \_\_\_\_\_

PUBLIC WATER SUPPLY IN SERVICE AT SITE?  YES  NO

BRUSH AREA?  YES  NO      IF YES - CLEARANCE FROM SITE? \_\_\_\_\_

**MISCELLANEOUS:**

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):

THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.

THE PROPOSER AGREES THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL ARE TRUE AND THAT, IF INSURANCE IS AFFECTED, MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION VOIDS THIS INSURANCE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT'S SIGNATURE

\_\_\_\_\_  
DATE