

# Benchmark

**MANAGEMENT GROUP, INC.**

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## BUILDERS RISK COVERAGE

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

### A. APPLICANT INFORMATION

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Entity:  Individual  Corporation  Sub Chapter S Corp.  Partnership  Joint Venture  
 Non-Profit Organization
4. Applicant's Interest:  Owner  General Contractor  Sub Contractor
5. Contractor's name and address (if different than applicant): \_\_\_\_\_
6. Inspection Contact: \_\_\_\_\_

### B. PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years?  Yes  No If yes explain: \_\_\_\_\_
2. Prior Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_
3. LOSS HISTORY (Previous Five Years)  
Describe all losses to the class of property which have occurred over the previous five years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

IMPORTANT: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.

### C. UNDERWRITING INFORMATION

1. Description of Project: \_\_\_\_\_
2. Contractor engaged in similar projects previously?  Yes  No
3. Number of years in business \_\_\_\_\_
4. Previous losses \_\_\_\_\_
5. Has the insured held the architect/designer harmless for errors in design?  Yes  No

### D. LIMITS OF INSURANCE – new construction only (for renovation project see section 3.)

- \$ \_\_\_\_\_ at any one jobsite location  
\$ \_\_\_\_\_ while in transit  
\$ \_\_\_\_\_ in any one disaster
- Deductible desired  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_

**1. SPECIFIC JOB**

Location: \_\_\_\_\_

Construction details:

Intended occupancy: \_\_\_\_\_

Building materials: Foundation: \_\_\_\_\_ Walls: \_\_\_\_\_ Floor: \_\_\_\_\_ Roof: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Number of fire divisions: \_\_\_\_\_

Number of units: \_\_\_\_\_ Min. distance between buildings: \_\_\_\_\_ Type of space heaters used: \_\_\_\_\_

Will temporary bracing be used to support exterior walls until roof is in place?  Yes  No

Any hoisting or rigging required?  Yes  No

If yes, describe (who will perform; maximum values rigged, etc.) \_\_\_\_\_

Contract price: \$ \_\_\_\_\_

Intended completion date: \_\_\_\_\_

Site particulars:

Fire Protection Class: \_\_\_\_\_ Distance to hydrants: \_\_\_\_\_ Distance to Fire Dept. \_\_\_\_\_

Site security: Fenced  Yes  No Floodlights  Yes  No

Outside patrol service  Yes  No Watchman service  Yes  No

**2. COMPLETED VALUE-MONTHLY REPORTING FORM**

	Type of Buildings	Duration of Construction	# of jobs in progress at any one time	Values		
				Minimum	Maximum	Average
Past 12 months						
Next 12 months						

**3. RENOVATION PROJECT**

**Coverages and Limits of Insurance** \$ \_\_\_\_\_ usable existing structure  
 \$ \_\_\_\_\_ new construction work at jobsite  
 \$ \_\_\_\_\_ while in transit  
 \$ \_\_\_\_\_ in any one loss

Deductible desired  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_

Job Location: \_\_\_\_\_

**Renovation Projects Details**

Intended occupancy: \_\_\_\_\_

Intended completion date: \_\_\_\_\_

Site particulars

Fire Protection Class: \_\_\_\_\_ Distance to hydrants: \_\_\_\_\_ Distance to Fire Dept. \_\_\_\_\_

Site security: Fenced  Yes  No Floodlights  Yes  No

Outside patrol service  Yes  No Watchman service  Yes  No

Existing Building Age \_\_\_\_\_ Dimensions \_\_\_\_\_

# of stories \_\_\_\_\_

Date Purchased \_\_\_\_\_

Occupancy \_\_\_\_\_

Occupied during renovation  Yes  No

Description of work to be performed \_\_\_\_\_

Any structural alterations?  Yes  No

Exterior walls: \_\_\_\_\_ % removed Building Framework: \_\_\_\_\_ % removed Other: \_\_\_\_\_

Additional structural reinforcement: \_\_\_\_\_

Protection operational during renovation:  Sprinkler  Burglar Alarm  Fire Alarm

**Building Valuation**

If coverage is desired on existing building:

Date of building and land purchase..... \_\_\_\_\_

Cost of building and land purchase..... \$ \_\_\_\_\_

Estimated land value..... - \_\_\_\_\_

Improvements after purchase, but prior to this project ..... + \_\_\_\_\_

Owner's investment in building (subtotal)..... \$ \_\_\_\_\_

Estimated cost to rebuild the portion to be used in the project with like material

100% less \_\_\_\_\_ % depreciation - ..... x \_\_\_\_\_ %

Existing building actual cash value..... \$ \_\_\_\_\_

**New work to be done in renovation project:**

Total contract amount..... \$ \_\_\_\_\_

Uninsurable expenditures (site preparation, etc.)..... - \_\_\_\_\_

New Construction work..... \$ \_\_\_\_\_

**TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:**

Estimated cost of removal phase..... \$ \_\_\_\_\_

Estimated cost of construction phase..... \$ \_\_\_\_\_

**E. ADDITIONAL INTERESTS**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

**F. NOTICE TO APPLICANT**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE – APPLICABLE IN FLORIDA ONLY.**

**Premium for this policy is 100% earned at policy inception. If this application is approved, coverage will be provided for the expected duration of construction. Any extensions of the policy will be provided only with the consent of the company and upon payment of any additional premium due.**

**The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.**

**The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.**

**Representation:** The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.). If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Agent signature \_\_\_\_\_ Date \_\_\_\_\_