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Builder's Risk Supplemental Application

Applicants Name:	SS#:()
Occupation:	Employer:
Name of Contractor:	•
(Note: No protection class 9s or 10s will be permitted)	
Contractor Info:	
Building Permit: (check one) Yes No No	
Licensed Builder: (check one) Yes No	
Construction Financing: (one must be checked) Private	Financing Construction Loan
Consur	mer Loan Mortgage
Construction or Renovation Effective Date:	
Construction or Renovation Expiration Date:	
Percentage of Construction or Renovation Completed:	%
Estimated Completed Value: \$	
Purchase Price: \$	
Security:	
Gated Community: (check one) Yes N	lo 🔲
Guarded Community: (check one) Yes No No	
Property Fenced Min 6 ft required: (check one) Yes No	
Lighting on property: (no street lighting) Yes No	
Central Station Alarms: (check one) None Fire Burglar Combo	
Provide details for "yes" answers:	
Extended Coverages:	
Liability: (check one) Yes No	
Theft of Building Material: (check one) Yes No No	
Ext. Option 1 Ext. Option 2 Both Theft and Ext.	Option 1 Both Theft and Ext. Option 2
Signature: Date:	