



DeCotis Insurance Associates, Inc.

Excess, Surplus & Specialty Lines Insurance
(401) 351-0066 • (781) 794-1400
www.decotisinsurance.com

Builder's Risk Application

Applicant Name: _____

Mailing Address: _____

Location of Risk/Project: _____

Inspection Contact: _____ Phone Number: () _____ - _____

Interest of Applicant: [] Owner [] Contractor Other: _____

Mortgagee/Loss Payee: _____

Policy Term: From _____ To _____

Deductible: \$1,000 [] \$2,500 [] Other _____

Description of Project: _____

Limits of Insurance: \$ _____

Contractor Name/Address _____

- Has contractor engaged in this type of project before? [] Yes [] No
If Yes, for how many years? _____

CONSTRUCTION

- 1. [] Fire Resistive/Modified Fire Resistive [] Masonry/Noncombustible [] Noncombustible
[] Joisted Masonry [] Frame
2. Estimated time to complete project _____ months
3. Total square footage _____
4. # of floors _____
5. Intended Occupancy when completed _____
6. Type of Project: [] Ground-Up Construction [] Modular [] Renovation/Rehabilitation* [] Addition
If modular, manufacturer's name & website or telephone # _____
7. Is construction [] Lift Slab [] Tilt-Up [] Prototype
8. Is project on filled land? [] Yes [] No
If Yes, are pilings used? [] Yes [] No

*MUST COMPLETE RENOVATION/REHABILITATION SECTION OF THIS APPLICATION ON PAGE 2

PROTECTION

- 1. Distance to operating hydrant _____
2. Town Protection Class _____
3. Will temporary heating be used? [] Yes [] No
If Yes, Describe _____
4. Will the project site be:
a. Fenced? [] Yes [] No
b. Locked? [] Yes [] No
c. Lighted? [] Yes [] No
5. Will there be a watchman on premises during non-construction hours? [] Yes [] No
If yes, describe _____

SOFT COSTS

- Is Soft Cost coverage desired? [] Yes [] No
If yes, check the type desired, and limit _____
[] Construction Loan Interest [] Real Estate and Property Taxes
[] Architect, Engineering and Consultant Fees [] Legal and Accounting Fees [] Builder's Risk and
Insurance Premium Charges [] Advertising and Promotional Expenses



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RENOVATION/REHABILITATION SECTION

- 1. What is the purchase price of the building? \$
Does this include the value of the land where the building is situated?
If yes, please give an approximate value of the land?
2. What limit is being requested on?
a. Existing Building: \$
b. New Construction: \$
3. Does the property have any historical designation?
4. Does the property have any ornamental facades, fixtures, stained glass or other appointments?
5. Is any work being done to any load bearing structure?
6. Will any of the following systems be completely removed or replaced?
7. What are the exterior exposures and distance from building?
8. Are adjacent buildings vacant or unoccupied?
9. What is the general condition of the surrounding area?
10. What fire and burglary detection systems and measures will be in place and operational during construction?
11. What are the prospective occupancies?
12. Will there be any occupants during construction?
13. What was the original building's occupancy designation?
14. What was the type of occupancy immediately before renovation or rehabilitation?
15. What is the insured's experience in renovation projects?
16. What is the contractor's experience in this type of project?

Applicant's Signature: Date

Producer's Signature: Date