



Builders Risk Plus[®]

Please attach to Basic App or ACORD 125.

RISK INFORMATION

About the Owner... (if other than insured) Name: _____ Address: _____

About the Contractor... (if other than insured) Name: _____ Address: _____

About the Architect or Consulting Engineer... Name: _____ Address: _____

Has the insured held the Architect/Designer harmless for errors in design? Yes No

Describe the contractor's experience with this type of construction:

LIMITS OF INSURANCE: If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.

\$ _____ at construction jobsite location \$ _____ while in transit

\$ _____ in any one loss

Deductible: \$1,000 \$2,500 \$5,000 Other: _____

SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"

A. SPECIFIC JOB

Location: _____

Construction Details...

Building Materials: Walls _____ Floors _____ Roof _____

Intended Occupancy: _____ Dimensions: _____

Number of stories: _____

Intended Completion Date: _____ Contract Price: \$ _____

Any rigging required? Yes* No

* Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform:

Site Particulars..

Fire Protection Class (at site): _____ Distance to Hydrants: _____ feet

Check any that apply at jobsite: Fenced Floodlights

Outside Patrol Service; How frequent? _____

Watchman Service; Hours? _____

B. COMPLETED VALUE - MONTHLY REPORTING FORM

	Type of Buildings	Duration	# of Jobs		Values		
			Min	Max	Minimum \$	Maximum \$	Average \$
Past 12 Months	_____	_____	_____	_____	_____	_____	_____
Next 12 Months	_____	_____	_____	_____	_____	_____	_____

OPTIONAL COVERAGES & ENDORSEMENTS (check desired coverages & complete appropriate questions)

Time Element Coverage

\$ _____ Soft Costs, including:

Interest on Construction loan Lease renegotiation fees Advertising Exps

Realty taxes & other assessments Architectural or engineering supervisory fees

\$ _____ Rental Value

Deductible: \$ _____, OR _____ days waiting period

Flood Coverage - Sublimits [if different from other limit(s)]

\$ _____ at _____

\$ _____ at _____

\$ _____ any other location

\$ _____ in any one policy year

- Deductible (if different from deductible for other coverages)

\$ _____ ; _____ hours waiting period

- Federal Flood Zone at jobsite:

<input type="checkbox"/> A	<input type="checkbox"/> AE	<input type="checkbox"/> A1:A30	<input type="checkbox"/> AO	<input type="checkbox"/> A99
<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> V	<input type="checkbox"/> V1:V30
<input type="checkbox"/> VE	<input type="checkbox"/> VO	<input type="checkbox"/> Shaded X	<input type="checkbox"/> Unshaded X	

Earthquake Coverage - Sublimits [if different from other limit(s)]

\$ _____ at _____

\$ _____ at _____

\$ _____ any other location

\$ _____ in any one policy year

- Deductible (if different from deductible for other coverages)

- \$ _____ OR _____ % of value

- _____ hours waiting period

Temporary Location \$ _____ at a temporary location

- Type of property stored: _____ - Maximum values stored: \$ _____

Furniture & Appliances Covg

\$ _____ at _____

\$ _____ at _____

\$ _____ in any one building

\$ _____ any one loss

Flat Annual Premium OR Monthly Reporting

Ordinance or Law Coverage

Loc: _____	\$ _____ Demolition Cost	\$ _____ Incrsd Cost of Constructn.
Loc: _____	\$ _____	\$ _____

Temporary Structures Endorsement \$ _____ on temporary structures, scaffolding, forms at jobsite

<input type="checkbox"/> \$5,000 Extra Expense Coverage	<input type="checkbox"/> \$5,000 Fire Protection Equipment Coverage
<input type="checkbox"/> \$100,000 Inflation Protection Cvg	<input type="checkbox"/> \$5,000 Plans and Records Coverage
<input type="checkbox"/> \$1,000 Fire Dpt Service Charge	<input type="checkbox"/> \$5,000 Removal Expense (to avoid imminent loss from a covered cause)
<input type="checkbox"/> Machinery Breakdown Coverage (excluding production machinery)	
<input type="checkbox"/> \$5,000 Lawns, Trees, Shrubs, & Plants Coverage (Limited to \$500 any one); fire, lightning, explosion aircraft, civil disturbance or riot)	

Permission to Occupy Location: _____ Occupancy: _____

Permission to Waive Rights against the following: _____

Watchman Warranty Watch starting date: _____ Location Protected: _____

<input type="checkbox"/> Testing Exclusion	<input type="checkbox"/> Steam Boiler Exclusion
<input type="checkbox"/> Contingent Coverage Endorsement	<input type="checkbox"/> Difference in Conditions (excludes certain named perils)

F. 935B (6/97) 2 of 2 (+ Supplement if Renovation or Homebuilders project)

If RENOVATION or HOMEBUILDERS project, complete supplement.

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.