

BUILDER'S RISK APPLICATION



Agent Name _____ Code _____

APPLICANT INFORMATION

Named Insured _____

Insured's Mailing Address _____ City _____ State _____ Zip _____

Location of property under construction _____ City _____ State _____ Zip _____

How long has property been under construction? _____ Any subcontractors used? _____ Yes _____ No

Type of neighborhood _____ Residential _____ Commercial _____ Isolated

Details _____ Length of job _____

Construction _____ Protection Class _____ Area _____ # of stories _____

Basement? _____ Yes _____ No Age of existing structure _____ Roof _____ Wiring _____

Is the structure commercial building or dwelling? _____ Commercial _____ Dwelling

Are premises fenced? _____ Yes _____ No Are utilities off or on? _____ Off _____ On

Are building and materials secured at night? _____ Yes _____ No Night watchment or guard? _____ Yes _____ No

Any losses for the insured in the past 3 years? _____ Yes _____ No If YES, describe below:

Date _____ Details _____

Date _____ Details _____

Date _____ Details _____

Amount of insurance on new construction _____ Amount of insurance applied for on existing structure _____

Amount of insurance applied for renovations _____ Deductible _____ \$500 _____ \$1,000 _____ \$2,500

Effective Date _____ Policy term _____ 3 months _____ 4 months _____ 6 months

Mortgage 1 _____ City _____ State _____ Zip _____

Mortgage 2 _____ City _____ State _____ Zip _____

Any policy or coverage declined, cancelled, non-renewed during the past 3 years? _____ Yes _____ No

If YES, explain _____

The statements and answers herein are warranted to be true and are made with the knowledge that the Company will act in reliance upon them. This request is designed to solicit information and is not a policy binder on the part of the Applicant, its agency, or the agency Insurance Company. Any misrepresentations by the Application may result in the voidance of coverage of any subsequently issued policy.

Signature of applicant _____ Date _____

Signature of agent _____ Date _____

Phone number (+area code) of contact _____

By signing this application for insurance, I hereby authorize and instruct OWENS INSURANCE AGENCY, INC. to obtain and review my credit report. My credit report will be obtained from Equifax and I understand and agree that OWENS INSURANCE AGENCY, INC. intends to use the credit report for the purpose of evaluating and underwriting my application for insurance.

I authorize: _____ I do not authorize _____