



BUILDER'S RISK APPLICATION

1. First Named Insured _____
2. Other Insured(s) _____
3. Mailing Address _____
4. Effective Date Desired _____ 5. Term Desired _____

6. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If so, give name of company, date, and reason.

7. Location of Structure _____
8. Mortgagee _____
- Name _____ Address _____
9. Causes of Loss: Broad Special Form (not available on renovations)
10. Deductible: \$500 \$1,000 Other _____
11. Protection Class _____
12. Number of Stories _____ Area (Sq. Ft.) of building _____
13. Construction: Frame Joisted Masonry Masonry Non-combustible Other _____
14. Indicate limits for improvements/repairs (renovations) or new construction. Limits for the existing structure and improvements must add up to 100% of the completed value for renovations.

Renovation		New Construction	
Existing Structure	_____	Building	_____
Improvements	_____	Property in Transit	_____ (max. 10,000)
Property in Transit	_____ (max. 10,000)	Property Offsite	_____ (max. 10,000)
Property Offsite	_____ (max. 10,000)	Theft	_____ (max. 10,000)
Theft	_____ (max. 10,000)		

UNDERWRITING INFORMATION

15. Describe the work to be performed. _____
16. What date is construction planned to: Begin _____ End _____
17. Will any portion of the structure be occupied prior to completion of the project? Yes No
If yes, describe occupancy. _____
18. Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry.

19. Neighborhood type: Residential Mfg./Industrial Retail/Comm'l Rural Other _____
20. Are vagrants known to have occupied this structure in the past? Yes No

21. Does the job involve any of the following:
- | | | | | | |
|-------------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| Demolition of the Structure | <input type="checkbox"/> | <input type="checkbox"/> | Excavation | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural Alterations | <input type="checkbox"/> | <input type="checkbox"/> | Unique or Experimental Design | <input type="checkbox"/> | <input type="checkbox"/> |
| Extensive Gutting | <input type="checkbox"/> | <input type="checkbox"/> | Renovation After Fire/Vandalism | <input type="checkbox"/> | <input type="checkbox"/> |
| Modular units or mobile homes | <input type="checkbox"/> | <input type="checkbox"/> | Lead/Asbestos/Other Pollutant Removal | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all yes answers. _____

22. Is the structure sprinklered? Yes No If yes, has the system been turned off? Yes No
23. Are situations present that may involve potential disputes at the worksite (e.g., strikes, lockouts, etc.)? Yes No
If yes, explain. _____

24. General contractors years of experience on similar projects: Less than 1 1 to 5 More than 5

25. Are you the:
- Building Owner **not** acting as a General Contractor
 - Building Owner acting as a General Contractor
 - General Contractor who does not own the building

26. If you are the building owner:
- a. Number of other properties you own _____
 - b. Name of General Contractor _____
 - c. Amount paid for structure _____
 - d. Do you have any experience investing in real estate? Yes No If yes, describe. _____

- e. Do you subcontract work to others? Yes No If yes, answer the following questions:
- (1) Type of work _____
 - (2) Cost of subcontractor's/contract labor \$ _____
 - (3) Are all subcontractors required to carry insurance? Yes No If yes, indicate:
 - (a) Comprehensive General Liability Limit \$ _____
 - (b) Are you named as an additional insured? Yes No
 - (c) Are certificates of insurance required from subcontractors? Yes No

27. Any history of bankruptcy? Yes No If yes, give details on separate page.
28. Are there any mortgage payments (building or contents) overdue by 3 months or more? Yes No
29. Are there any tax liens against the property? Yes No
30. Has anyone with a financial interest in this structure been convicted of, or indicted for, any degree of arson, fraud, or other crime related to loss on property owned now or during the last 5 years? Yes No
31. Is there any other insurance in force or to be secured on this property? Yes No

Policy #	Status	Date	Amount of Insurance	Carrier

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.