

Buschbach Insurance Agency, Inc.
5615 W. 95th Street - P. O. Box 5000
Oak Lawn, IL 60455-5000

Company _____

Phone: 708-423-2350
Fax: 708-425-5077

BUILDERS RISK APPLICATION

ORDER
 QUOTE ONLY

1. Name of Applicant: _____
2. Mailing Address: _____
(street) (city) (state) (zip) (phone number)
3. Applicant is: Individual Partnership Corporation Other _____
4. Policy Period: From _____ To _____
5. Owner's Name & Mailing Address (if different than above) _____

6. Mortgagee / Loss Payee / Additional Interest _____

CONTRACTOR / BUILDER UNDERWRITING INFORMATION

7. Name of Contractor / Builder (if other than applicant) _____
8. Business description Homebuilder Commercial General Contractor Remodeling Contractor
9. # of yrs in business _____ Has contractor completed this type of project before? No Yes
10. Employee training? No Yes Loss prevention program? No Yes
11. Average # of jobs in last 12 months _____ # of projects next 12 months _____
12. Estimated annual receipts _____
13. Is there a written contract on the project? No Yes
14. Is the Contractor / Builder a member of the Steel Framing Alliance? No Yes
15. How is this project being financed? _____
16. Does Contractor / Builder have any other policies with your agency? No Yes
17. Any builders risk / installation losses for the past 3 years? No Yes If, Yes, describe losses

18. Have any interested parties ever filed bankruptcy? No Yes

CONSTRUCTION

SITE

INFORMATION

19. Location of Operations: _____
20. Construction Frame Joisted Masonry Non-combustible Fire resistive
21. Roof type _____ Floors _____
Support Framing/Studs _____ Exterior walls _____
22. Square footage _____ # of stories _____
23. Is this a remodeling/renovation/installation project? No Yes
If Yes, complete Renovation/Installation Section below.
24. Intended use / occupancy of structure _____
25. Protection Class _____ Distance to fire hydrant _____ Distance to fire dept. _____

26. Number of firewalls _____ Firewall rating # of hours _____
 When will firewalls be put in use? _____ When will doors be installed? _____
27. Anticipated start date _____ Anticipated completion date _____
28. Site Security No security Watchman/guard 24 hrs Watchman/guard night only
 Lighted Fenced Other _____
29. Will sprinklers be activated during construction? No Yes
 If Yes, at what percentage of completion? _____
30. Will debris be removed daily? No Yes

COVERAGE / LIMITS INFORMATION

31. Completed Value Limit _____
 Transit Limit _____
 Temporary Storage Limit _____
 Water / Flood Limit _____
 Earth Movement Limit _____
 Mine Subsidence Limit _____
 Business Income / Rents _____
 Soft Cost Limit _____
 Testing Limit _____
32. Deductible _____

RENOVATION / INSTALLATION INFORMATION (if applicable)

33. Purchase price of shell _____ Amount of renovation _____
 34. Age of building _____ Construction _____
35. When was heating system last updated? _____ When was electrical system last updated? _____
36. Describe in detail non-structural work to be completed _____

37. Is foundation work, above-grade structural work or movement of load-bearing walls to be done? No Yes
 If Yes, describe the work to be done in detail. _____

Broker: _____	Code: _____	Inspection Contact: _____
Phone No.: _____	Date: _____	Phone No.: _____
Signature: _____		_____
Applicant / Broker		Date
<p>IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.</p>		