

Specialty Home & Dwelling Builders Risk Application



SECURITY INFORMATION

1. Construction site fenced?Yes [] No []
2. Construction site lit?Yes [] No []
3. Gated community?Yes [] No []
4. Any additional security: _____

CONTRACTOR INFORMATION

1. Building permits currently in place?Yes [] No []
(If no, please state date they will be in place) _____
2. Name of General Contractor: _____
3. Is the General Contractor licensed and insured?Yes [] No []
(If no, please explain) _____
4. General Contractor's insurance carrier and limits: _____
5. Will the applicant be hiring any sub-contractors directly?Yes [] No []
(If yes, provide detailed list of what work is being done by applicant hired sub-contractors)

ADDITIONAL INFORMATION

APPLICANT'S STATEMENT

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____