

BUILDERS RISK NEW CONSTRUCTION APPLICATION

Name of Applicant: _____

Mailing Address: _____

Term of Coverage: Effective: _____ Expiration: _____

1. Location of Project: _____

2. Deductible: _____

3. Loss Payee: _____

4. Reporting Form: Yes: No:

LIMITS OF LIABILITY

1. Any One Structure: \$ _____

2. Temporary Storage Location: \$ _____

3. Any One Casualty Or Disaster: \$ _____

4. Transit: \$ _____

CONTRACTOR

1. Name: _____

2. Ever Done This Type of Project Before: _____

3. How Many Years of Experience: _____

4. Loss Experience Past Five Years: _____

SITE INFORMATION

1. Work To Be Done: _____ Renovation New Construction New Addition

2. Intended Occupancy: _____

3. Location: _____ Rural Suburban Urban

4. Type: _____ Residential Commercial Industrial

5. Type of Construction: _____ Frame Masonry Fire-Resistive

6. Number of Stories: _____

Combination (specify): _____

7. Protection: Number of Watchmen: _____ Police Patrolled Site Fenced Site Lighted at Night

Distance to Fire Hydrants: _____ Distance to Fire Department: _____

NB Fire Protection Class: _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: _____

Date: _____

Print Name: _____

Title: _____