

# ACE USA Builders Risk Application

Standard Form  
 Xtra Form

ACE USA



GENERAL INFORMATION	NAMED INSURED		
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> OTHER (Specify)		
	ADDRESS		
PROJECT INFORMATION	POLICY PERIOD 12:01 A.M. STANDARD TIME      FROM:      TO:		
	NAME OF PROJECT	EXACT LOCATION	
	INTENDED OCCUPANCY	START AND FINISH DATES OF CONSTRUCTION FROM:      TO:	
	GENERAL CONTRACTOR IF NOT NAMED INSURED (Name and Address)		
	SUB CONTRACTORS (Name, Address and work to be done)		
	DESCRIPTION OF CONSTRUCTION	CONTACT AT JOB SITE	
	PHONE	FOUNDATION	
	a. TYPE OF WALLS	FLOORS	NUMBER OF FLOORS
	b. NUMBER OF BUILDINGS/STRUCTURES	CLOSEST DISTANCE BETWEEN	ATTACH PLOT PLAN IF MORE THAN ONE STRUCTURE.
	c. IF RENOVATION OR ADDITION, ATTACH DESCRIPTION	DESCRIBE CONNECTION TO EXISTING STRUCTURE	
WHAT IS THE PRESENT OCCUPANCY OF THE EXISTING STRUCTURE?	WILL THE EXISTING OCCUPANCY REMAIN DURING CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, ATTACH DESCRIPTION OF HOW CONSTRUCTION WILL WORK AROUND THE EXISTING OCCUPANCY		
COVERAGE INFORMATION	<b>LIMITS OF INSURANCE</b>	<b>IF RENOVATION:</b>	
	Value at Completion \$ _____	Limit Desired \$ _____	Actual cash value of existing structure \$ _____
	Transit Limit \$ _____	Temporary Location \$ _____	Value of improvements and betterments \$ _____
	<b>SOFT COSTS</b>	Monthly Limit \$ _____	Aggregate Limit \$ _____
	<b>LOSS OF RENTS</b>	Monthly Limit \$ _____	Aggregate Limit \$ _____
	<b>BUSINESS INCOME</b>	Monthly Limit \$ _____	Aggregate Limit \$ _____
	<b>ADDITIONAL LIMITS.</b> The amount shown is the amount we provide in the policy. Indicate the total limit you need if it is above the amount shown.	<b>ADDITIONAL COVERAGES</b>	
	<b>EXTENSIONS OF COVERAGE.</b> Indicate the limit desired.	Earth Movement \$ _____	Flood \$ _____ Or _____ %
	Flood \$ _____	Performance or Hot Testing \$ _____	Earth Movement \$ _____ Or _____ %
	Testing \$ _____	<b>REPORTING,</b> if desired indicate type. <input type="checkbox"/> Completed Value <input type="checkbox"/> Values at Risk	Soft Costs \$ _____ Or _____ Days
Frequency of Reports _____	Adjustment Frequency _____	Business Income or Loss of Rents \$ _____ Or _____ Days	
Deposit: <input type="checkbox"/> Used as reports are entered <input type="checkbox"/> Used with final report	All Other Causes of Loss \$ _____		

BB-3F05c (8/95)

002

ACE USA INLAND MARINE

02/15/05 TUE 13:00 FAX 812593271

MATERIALS		
OFF SITE STORAGE? IF YES, HOW MUCH AND WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FORMS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER (Specify)		
WHAT CONSTRUCTION TECHNIQUES WILL BE USED TO BUILD THE STRUCTURE? <input type="checkbox"/> STANDARD <input type="checkbox"/> LIFT SLAB <input type="checkbox"/> POURED IN PLACE <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER (Describe)		
ENVIRONMENT		
a. PUBLIC FIRE PROTECTION ISO GRADE _____ DISTANCE TO FIRE DEPARTMENT _____ <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER		
FIRE HYDRANTS <input type="checkbox"/> NONE <input type="checkbox"/> YES NUMBER WITHIN 100 FT. _____ 500 FT. _____		PROJECT INCLUDES INSTALLATION OF NEW HYDRANTS <input type="checkbox"/> NO <input type="checkbox"/> YES
WATER IS ON AT THE NEAREST FIRE HYDRANT <input type="checkbox"/> NO <input type="checkbox"/> YES DISTANCE TO NEAREST FIRE HYDRANT _____		
b. PRIVATE FIRE PROTECTION <input type="checkbox"/> WATER BARRELS <input type="checkbox"/> HOSE LINES <input type="checkbox"/> FIRE EXTINGUISHERS <input type="checkbox"/> OTHER (Specify)		
c. SPRINKLER SYSTEM/STANDPIPES <input type="checkbox"/> NONE <input type="checkbox"/> YES		d. PREMISES PROTECTION <input type="checkbox"/> FENCED <input type="checkbox"/> LIGHTED <input type="checkbox"/> WATCHMAN <input type="checkbox"/> OTHER (Specify)
e. ADJACENT EXPOSURES/BUILDINGS/STRUCTURES <input type="checkbox"/> NONE <input type="checkbox"/> YES (Specify)		
f. RUNOFF WATER PROBLEMS <input type="checkbox"/> NO <input type="checkbox"/> YES		g. SUBSIDENCE (Problems in Area) <input type="checkbox"/> NO <input type="checkbox"/> YES
h. MUD SLIDE (Problems in Area) <input type="checkbox"/> NO <input type="checkbox"/> YES		
i. EARTHQUAKE ZONE (If coverage provided)	PAST EARTHQUAKE PROBLEMS	DESIGN MEETS EARTHQUAKE RESISTANCE STANDARDS <input type="checkbox"/> NO <input type="checkbox"/> YES
j. FLOOD ZONE (If coverage provided)	CLOSEST BODIES OF WATER	
DISTANCE TO & ELEV. DIFF. FROM NEAREST BODY OF WATER	PAST FLOODING IN AREA <input type="checkbox"/> NO <input type="checkbox"/> YES	k. BLASTING REQUIRED <input type="checkbox"/> NO <input type="checkbox"/> YES
I. DESCRIBE TYPE AND EXTENT OF TESTING		
OTHER INFORMATION (Attach)		
MORTGAGEE AND/OR LOSS PAYEE, INDICATE INTEREST		
If covered, attach the following information: • List all Soft Cost Items with Amount • Show how Loss of Rents was Calculated • Show how Business Income was Determined		
List all losses (Insured or Uninsured) during past 3 years which have been covered by this form of policy.		
DATE	AMOUNT	CAUSE
DESCRIBE OTHER INSURANCE YOU WRITE FOR APPLICANT		
LIST COVERAGES IN THIS COMPANY		
<p>The following warning statement is required by regulation 95 of the Insurance Department of the State of New York. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p>		
AGENCY		
ADDRESS		
AGENCY CODE	PRODUCER'S SIGNATURE	DATE

OTHER DATA

LOSS INFORMATION

FOR AGENT

**ACE USA Builders Risk  
Supplemental Renovation Application**

Insured:

Producer:

Date:

Please attach to a completed Builders Risk application.  
Explain any  responses in the space provided on page 2.

1. **Why is the building being renovated?**
  - Change occupancy
  - Bring up to current building codes
  - Repair fire damage
  - Cosmetic upgrade
  - Other: \_\_\_\_\_
  
2. **What is the age of the existing structure (in years)?**
  - 0-5
  - 6-20
  - 21-40
  - over 40
  
3. **What is the physical condition of the structure?**
  - Excellent
  - Good
  - Average
  - Below Average
  - Poor
  
4. **Is the building structurally sound?**
  - Yes
  - No, Explain on page 2.
  
5. **Had building been renovated prior to this?**
  - No
  - Yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Do not know
  
6. **What is the contract value to renovate the property?** \$ \_\_\_\_\_
  
7. **What is the nature and extent of the work to be performed?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the building already been gutted?  Yes  No  
 Are there any structural modifications to be made?  Yes  No  
 If yes, please explain: \_\_\_\_\_

8. **Protection** Does the building currently have any of the following:
- |   |  |               |  |
|---|--|---------------|--|
| Operational Sprinkler System                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Burglar Alarm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operational Standpipe System                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire Alarm    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will they be operational while work is in progress? | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |  |

9. **Occupancy**
- Currently occupied: How is it occupied? \_\_\_\_\_  
 Will the building continue to be occupied while work is in progress?  Yes  No
  - Currently vacant space For how long? \_\_\_\_\_ Previous occupancy \_\_\_\_\_  
 Intended occupancy after renovation: \_\_\_\_\_



**10. Welding Exposure** Explain any  responses below

- a. Will there be any sweating of pipes, welding, cutting, or other open flame operations?  Yes  No
- b. Will it be supervised?  Yes  No
- c. Are fire extinguishers on hand at all times?  Yes  No
- d. Is a fire watch provided once hot work operations have ceased?  Yes  No

**11. Do you require coverage for the existing structure on the Builders Risk Policy?**

- No  Yes, If yes complete this section.

**Is coverage for the existing structure required by the insurance specifications?**  Yes  No

Who currently owns this property? \_\_\_\_\_

What is the insured's interest in this property? \_\_\_\_\_

What was the Purchase price excluding land? \$ \_\_\_\_\_ Date purchased \_\_\_\_\_

**What are the plans for the property after renovation?**

- No ownership interest  Sell  Lease  Occupy for own use

**Is this building currently insured?**  No  Yes, By whom: \_\_\_\_\_

**Comments (Identify by question number)**
