

Builders' Risk Supplemental Application Installation Floater for Single Project

Insured Information			
Named Insured		DBA	
Street Address			
City	State	ZIP Code	County
Effective Date	Expiration Date	Number of years in business	

Project Information		
Project Type: <input type="checkbox"/> Residential (1 – 4 Family Dwellings) <input type="checkbox"/> Commercial		
Location of Installation		
Street Address		
City	State	ZIP Code
Limit any one occurrence		

Coverages			
Temporary storage:	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 50,000	
Transit:	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 50,000	
Deductibles:	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 10,000
	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 100,000
Is earth movement required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit:	_____
Is flood required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit:	_____
Is wind required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit:	_____
Estimated annual receipt for this job:	_____		
What percentage are materials?	_____		

Classes			
Choose all classes applicable to this job and enter corresponding percentage of their annual receipts:			
Highway and street construction	_____ %	Roofing, siding, and sheet metal work	_____ %
Plumbing, heating, and air conditioning	_____ %	Concrete work	_____ %
Painting and paper hanging	_____ %	Water well drilling	_____ %
Electrical work	_____ %	Glass and glazing work	_____ %
Masonry, stone setting, and other stone work	_____ %	Excavation work	_____ %

Plastering, drywall, acoustical, and insulation work	_____ %	Installation or erection of building	_____ %
Terrazzo, tile, marble, and mosaic work	_____ %	Equipment	_____ %
Carpentry	_____ %	Water or sewer lines	_____ %
Floor laying and other floor work	_____ %	Communication lines	_____ %

Rigging

Any rigging work? Yes No

If yes, please describe all hoisting or other operations requiring rigging:

MUST ANSWER IF RIGGING IS YES:	Average value per lift	Maximum value per lift	What percentage is done by own employees
	What percentage is done by your sub-contractors	Are contractors required to provide certificates of insurance showing riggers liability at the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Loss History

Any losses over the past 5 years? Yes No

If yes, please list below with details on all losses over 5,000:

Date of Loss	Type of Loss	Claim Amount

Details:

Miscellaneous

Provide any additional information available:

Applicant's Signature

Date