

Builders' Risk Supplemental Application

I. Insured Information					
Named Insured			DBA		
Address					
City		State	ZIP Code	County	
Phone		Cell		Fax	
Email Address					
II. Insurance Information					
Requested Policy Effective Date (MM/DD/YYYY)		Any losses last four years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please submit 4 year loss runs	
III. Builder Information					
Contractors State License Number		Years in Business	State Licensed Since	License ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member of THBA Since	Chapter	Number of Home Starts Last Year		Number of Home Starts This Year (Estimated)	
Do you build mostly: <input type="checkbox"/> Custom Homes <input type="checkbox"/> Spec		Average Cost of Homes Built (Excluding Land)		Do you have model homes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you build mostly: <input type="checkbox"/> Custom Homes <input type="checkbox"/> Spec		Do you furnish them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you furnish them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you build any multi-family units?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you build any commercial structures?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have security at your sites?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lights		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fenced		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Debris removed from site:		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
Public water supply service at site?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supplies / materials locked or secured at site?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Insured Signature

Date

Agent Signature

Date