

**NOTE:** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD-125 GENERAL APPLICANT INFORMATION APPLICATION.

## INSURED INFORMATION

Named Insured: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Insured is: ☐ Owner ☐ Contractor Number of Years in Business: \_\_\_\_\_  
 Additional Named Insureds: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Estimated Start Date of Project: \_\_\_\_\_ Estimated Completion Date of Project: \_\_\_\_\_  
 Estimated Term of Project (Months): \_\_\_\_\_  
 Currently Under Construction? ☐ Yes ☐ No **If yes, attach required Prior Start Questionnaire.**  
**If yes,** Original Start Date: \_\_\_\_\_ Percent Completed: \_\_\_\_\_ % Values Completed: \$ \_\_\_\_\_

## GENERAL CONTRACTOR INFORMATION

Name of Contractor (If Different From Named Insured): \_\_\_\_\_  
 Contractor Mailing Address (required for consideration of coverage): \_\_\_\_\_  
 Website URL: \_\_\_\_\_  
 Loss History for past 5 years: \_\_\_\_\_  
 License Number: \_\_\_\_\_ State(s): \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

## LIMITS OF LIABILITY

Hard Costs: \$ \_\_\_\_\_  
**Soft Costs/Delay Limits** (please provide breakdown as noted below for this coverage):  
 Additional Construction Expenses (limited to the following: Advertising, Design Fees, Financing, Lease Administration, Professional Fees and Permit Fees): \$ \_\_\_\_\_  
 Additional Soft Costs (limited to the following: Interest Payments, Realty Taxes, Lease Expenses and Insurance Premiums): \$ \_\_\_\_\_  
 Loss of Rents: \$ \_\_\_\_\_ Loss of Earnings: \$ \_\_\_\_\_  
 Total Completed Value of Project: \$ \_\_\_\_\_  
 Temporary Storage Limit: \$ \_\_\_\_\_ Transit Limit: \$ \_\_\_\_\_

## OPTIONAL COVERAGE (must be checked)

☐ Windstorm ☐ Earth ☐ Flood

## DEDUCTIBLES

All Other Perils (Catastrophe Peril Deductible will be determined by the Company):  
☐ \$500 (Residential) ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other: \$ \_\_\_\_\_

## PROJECT INFORMATION

Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Project Type: ☐ Single Family ☐ Two Family ☐ Commercial  
 Public Protection Class: \_\_\_\_\_

City Limits: ☐ Inside ☐ Outside

Distance To Nearest Working Public Fire Hydrant: \_\_\_\_\_ Distance To Nearest Responding Fire Department: \_\_\_\_\_

Distance From Coastal Waters: \_\_\_\_\_ Feet \_\_\_\_\_ Miles Total Area in Square Feet: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Approximate Distance Between Buildings: \_\_\_\_\_ Intended Occupancy: \_\_\_\_\_

## CONSTRUCTION TYPE

- ☐ **FRAME:** Walls are constructed of wood or other combustible materials, including when combined with other materials such as Brick Veneer, Stone Veneer, Wood Ironclad or Stucco On Wood.
- ☐ **MASONRY JOIST:** Walls are constructed of masonry materials such as Clay, Adobe, Brick, Gypsum Block, Cinder Block, Hollow Concrete Block, Stone, Tile, Glass Block or other similar material and where the floors and/or roof are combustible.
- ☐ **NON-COMBUSTIBLE:** Walls/Floors/Roof are constructed of and supported by Metal, Asbestos, Gypsum or other non-combustible material.
- ☐ **MASONRY NON-COMBUSTIBLE:** Walls are constructed of masonry materials of the type described N masonry joist above but with a floor and roof constructed of metal or other non-combustible material.
- ☐ **FIRE-RESISTIVE:** Walls/Floors/Roof are constructed of fire resistive materials having a resistance rating of not less than two (2) hours.

Note: Reference to **walls** means the structural frame and support walls. Reference to **floors** means the floors and supports. Reference to **roof** means the roof deck and supports.

## NEAREST EXPOSED STRUCTURE

Occupancy: \_\_\_\_\_ Distance To: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Are buildings transferred to permanent coverage once completed? ☐ Yes ☐ No

If yes, please indicate maximum number of buildings under construction at any one time and the corresponding values:

## SITE SECURITY

Fencing: ☐ Yes ☐ No Lighting: ☐ Yes ☐ No Watchmen Services: ☐ Yes ☐ No

Monitored Cameras by a third party: ☐ Yes ☐ No

Other site security: ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

## LOSS CONTROL

Debris removed from site at regular intervals? ☐ Yes ☐ No Frequency: \_\_\_\_\_

Public water supply in service at site? ☐ Yes ☐ No

Brush Area? ☐ Yes ☐ No

If yes, clearance from site: \_\_\_\_\_

Does the General Contractor have Hot Works and Water Mitigation plans in place? ☐ Yes ☐ No

## MISCELLANEOUS

Provide any additional information available (windspeed design, special construction features, mortgage holder, loss payee, etc.):

## SIGNATURE PANEL

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts. It is further understood that any misrepresentation or omission of material fact shall constitute grounds for immediate cancellation and denial of claims. If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer. Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_