

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

DateTyped or printed name:

Title:
