

**GLOBAL INSURANCE AGENCY, LLC**

514 Westfield Avenue

Elizabeth, NJ 07208

Tel: (908) 469-8441 Fax: (908) 469-8460

**BUILDER'S RISK APPLICATION**

**Date:** \_\_\_\_\_

**APPLICANT'S INFORMATION**

Name/ Business Name: \_\_\_\_\_

If a business, entity yype: Sole Proprietor\_\_ LLC\_\_ Corporation\_\_ Parternship\_\_ Other: \_\_\_\_\_

Employer Identification Number (EIN) or Tax Payer Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**INSURED INFORMATION:**

Who is the insured? Applicant: \_\_\_\_\_ Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_ Other: \_\_\_\_\_

If owner and different from applicant provide the following information:

Owner's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**CONTRACTOR'S INFORMATION:**

Does builder/remodeler have at least 2 years experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of structures built/remodeled during the past 12 months? \_\_\_\_\_

Number of structures projected for the next 12 months? \_\_\_\_\_

Highest Single value of any project in the past 12 months? \_\_\_\_\_

Total value of all projects you plan to build? \_\_\_\_\_

Has the builder/remodeler had any single loss over \$10,000 in the last 3 years (Include insured/uninsured losses)\_\_\_\_\_ if so please answer the questions below:

Loss type	Amount pay	Date	Carrier's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROPERTY TO BE INSURED INFORMATION**

Property Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_ Zip\_\_\_\_\_County\_\_\_\_\_

Type of Property: Residential (1-4 Dwellings) \_\_\_\_\_ Commercial\_\_\_\_\_

Construction Material: Frame\_\_\_\_\_ Masonry \_\_\_\_\_ Other \_\_\_\_\_

Number of Units\_\_\_\_\_ Number of Stories\_\_\_\_\_

Age of Building\_\_\_\_\_ Date Property was acquired\_\_\_\_\_

Will building be vacant during constructions \_\_\_\_\_

Square Footage of Existing Structure\_\_\_\_\_ Including Basement, if finished.

Square Footage to be added, if any\_\_\_\_\_

Value of Existing Structure?\_\_\_\_\_

Value of Improvement?\_\_\_\_\_

Combined value of the existing structure and the completed project?\_\_\_\_\_

Was this project previously started and then abandoned or delayed by any contractor? Yes\_\_\_ No\_\_\_

Was this project previously covered under any other builder risk insurance policy? Yes\_\_\_ No\_\_\_

Was this project previously started without builders risk insurance in place? Yes\_\_\_ No\_\_\_

Does this project involve work on load-bearing walls? Yes\_\_\_ No\_\_\_

Will the structure be occupied during the construction project? Yes\_\_\_ No\_\_\_

Will the interior of the existing structure be exposed during the construction project? Yes\_\_\_ No\_\_\_

Type of Project:

New Construction\_\_\_\_\_

Remodeling/Renovation **excluding** coverage for the existing structure\_\_\_\_\_

Remodeling/Renovation **including** coverage for the existing structure\_\_\_\_\_

Scope of work (select one)

**Remodel** - Remodeling of interior finishes; exterior painting; replacement of interior fixtures, cabinets, flooring, etc. No structural changes.\_\_\_\_\_

**Remodel/Minor Structural** - Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.). Roof replacement, ground floor additions and all non-structural changes such as HVAC, plumbing and electrical.\_\_\_\_\_

**Restructuring** - Repair, replace, remove load bearing walls. Adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering.\_\_\_\_\_

Describe the work to be performed (Provide as much details as possible):

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Type of Policy:

One-shot policy \_\_\_\_\_ if so, policy period 1 Year \_\_\_\_\_ 6 Months \_\_\_\_\_ 9 Months \_\_\_\_\_ Other: \_\_\_\_\_

Multiple Projects (Continuous Reporting) \_\_\_\_\_ if so, reporting frequency: \_\_\_\_\_

Estimated Project Duration \_\_\_\_\_

**ADDITIONAL COVERAGE:**

Earthquake Coverage: \_\_\_\_\_ Flood Coverage: \_\_\_\_\_ Change Endorsement: \_\_\_\_\_

**CONTRACTOR/BUILDER'S INFORMATION**

1. Name: \_\_\_\_\_

Type of Interest: Builder \_\_\_\_\_ Mortgagee \_\_\_\_\_ Owner \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the contractor insuring any other buildings with Zurich within 100 feet of this structure? \_\_\_\_\_

**ADDITIONAL INSUREDS INFORMATION**

2. Name: \_\_\_\_\_

Type of Interest: Builder \_\_\_\_\_ Mortgagee \_\_\_\_\_ Owner \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name and Title

\_\_\_\_\_  
Signature & Date