

Builders Risk Application Specific Location

Producer Information

Agency name: _____ Producer Codes: _____
Submitted by: _____ Phone Number: _____

Contractor Information

Is the contractor: ☐ Named insured ☐ Additional Insured ☐ Not named on the policy

Contractor name: _____

Address: _____

City, state, zip: _____

Has contractor completed this type of work before? ☐ Yes ☐ No

Loss prevention contact and telephone number: _____

Year business started: _____

If less than two years in business email resume to InlandMarine@PalomarSpecialty.com

Owner if different from Contractor

Name: _____

Address: _____

City, state, zip: _____

Is the owner: ☐ Named insured ☐ Additional Insured ☐ Not named on the policy

Contractor Loss History

Date	Amount Paid	Deductible	Cause of Loss	Prevention Implemented

☐ No losses in the past 5 years ☐ More loss history on attached pages ☐ Yes ☐ No

Coverage declined, cancelled or non-renewed last 3 years
for any of these reasons: nonpayment loss history or insurance fraud?

☐ Yes

☐ No

Ever filed bankruptcy of reorganization? Who

☐ Yes

☐ No

was prior insurance carrier last 3 years?: _____

Construction Site Information

Estimated Start Date: _____ Completion Date: _____

Address: _____

City, state, zip & county: _____

Project Type: ☐ New Ground Up Builders Risk

☐ New Work Only to Existing Building

☐ Renovation Including Existing Structure

New Work Completed Value: _____ Existing Structure Completed Value: _____

Construction Type: ☐ Frame ☐ Joisted Masonry ☐ Other _____

Number of Stories: _____ Square Feet: _____

Public Fire Protection Class: _____

If Existing Structure: What is the Age of the Building?: _____

Is Building occupied during Renovation: ☐ Yes Any ☐ No

removal or movement of load bearing walls? ☐ Yes ☐ No

Describe Structural Changes:

Is this a Mobile, Manufactured or Modular Home: ☐ Mobile ☐ Manufactured ☐ Modular

Jobsite Security: ☐ Private Security Patrol (Frequency____) ☐ Fence, Light, Other _____

Distance to Hydrant: _____ Distance to Fire Station: _____

Has Construction of the Project Started Prior to the Proposed Effective Date of the Policy? ☐ Yes ☐ No

If yes, what percentage is complete?: _____%

Lender Information

Name: _____

Address: _____

City, state, zip: _____

Is lender an: ☐ Additional insured ☐ Mortgagee ☐ Loss Payee

Optional Coverage

☐ Flood: _____ Limit: \$ _____

☐ Earthquake: _____ Limit: \$ _____

Do you require Soft Costs Coverage? ☐ Yes ☐ No Please provide total limit: \$ _____

Deductible: \$ ☐ 500\$ ☐ 1,000\$ ☐ 2,500\$ ☐ 5,000 ☐ Other \$ _____

Rating Information

Effective Date: _____ Expiration Date: _____

New Construction Work at Jobsite Limit: \$ _____ Usable Existing Structure (if Necessary) Limit: _____

In Transit Limit: \$ _____ \$ Any One Loss Limit: \$ _____

Deductible: \$ _____

Profit and Overhead: ☐ Include ☐ Exclude

Description of Project and Remarks