



NEW COMMERCIAL/RESIDENTIAL COURSE OF CONSTRUCTION – BUILDERS RISK QUESTIONNAIRE

SECTION 1: Applicant Information

Applicant Name, Property Address Under Construction – Street, City, State, Zip Code, Country, Applicant Mailing Address - Street, Contact name, Phone, Email Address

SECTION 2: Builder Information and Eligibility

Is Applicant the owner, builder or builder/owner? Owner, Builder, Builder/Owner, Builder Name, Builder Address – Street, Builder Address – City, State, Zip Code, Does the builder have two years' experience?, Is the project brand new construction?, Is the structure a 1-4 unit family building?, What is the intended occupant of the building?, What is the total # of structures for this location?, Is the builder insuring other properties within 100 ft of this structure?, If yes, what is the total value of all structures?, Has the Applicant been cancelled or non-renewed by any previous insurance carrier?, Has the builder had any builders risk losses in the last three years?, If yes, please provide amount, date and description., Is debris removed from site at regular intervals?

SECTION 3: Property Information

What is the county?, Construction type?, Protection class?, What is the square footage?, How many stories in the building?, Will the structure be occupied during construction?, Were there any previous losses at this location?

SECTION 4: Project and Coverage Information

Has the project started? Yes No What was or will be the start date? _____

What is the estimated completion date? _____

Is the structure modular or mobile? Yes No

Does the project involve 'tilt up' construction? Yes No

If project started what is the percentage complete? _____

Total completed value of one structure? _____

Total completed value of all structures? (would be the same as the value provided for the above question if there is not a stand-alone barn or garage) _____

Select a deductible Choose an item. _____

SECTION 5: Additional Interest

Do you have an additional interest entities, mortgagee or loss payee? If yes, how many? _____

SECTION 6: Additional Information - Please provide any additional information for this submission:

SECTION 7

INSURANCE INFORMATION ARE YOU CURRENTLY INSURED YES NO, REQUESTED EFFECTIVE DATE _____ HAS AN INSURANCE COMPANY CANCELLED OR NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS? YES NO HAVE YOU HAD ANY LOSSES OR CLAIMS DURING THE LAST 5 YEARS? YES NO IF INSURED NOW, PLEASE PROVIDE INSURANCE POLICY INFORMATION BELOW - LOSS RUNS ARE REQUIRED – PLEASE EMAIL OR FAX THE LOSS RUNS TO OUR OFFICE.

INSURANCE COMPANY (NOT THE AGENCY)	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	# OF LOSSES (IF ANY)	ANNUAL PREMIUM
		MONTH AND YEAR	MONTH AND YEAR		
		/ to /	/		
		/ to /	/		
		/ to /	/		

STATE THE REASON YOU ARE APPLYING FOR QUOTE NOW? _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By submitting this form, I am providing express written consent to being contacted by one or more agents/brokers of Safepro Insurance Services to discuss my interest, including offers of insurance, at the phone number and/or email address I have provided to you in submitting this form and/or additional information obtained. I consent by electronic signature to being contacted by telephone (via call and/or text) for marketing/telemarketing purposes at the phone number I provided in this form, even if my phone number is listed on a Do Not Call Registry,). I can revoke my consent at any time. I also understand that my agreement to be contacted is not a condition of purchasing any property, goods or services, and that I may call 1-888-506-2835 to speak with someone about obtaining an insurance quote.

DISCLAIMER: This is a request for a price indication. This application does not bind the applicant nor the Company(s) to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

YOUR FIRST AND LAST NAME: _____ POSITION _____ DATE _____

SIGNATURE: _____ DATE: _____