

Proposed Effective Date: _____



*Constructors Bonding
& Insurance*

11636 West Center Road
Omaha, Nebraska 68144
(402) 333-3232
Fax (402) 333-8889

BUILDERS RISK APPLICATION

Name Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

1. # of years in business: _____
2. Has contractor completed this type of project before? No Yes
3. Employee training? No Yes
4. Loss prevention program? No Yes
5. Any builders risk/installation losses for past 3 years? No Yes *If yes, describe loss(es):* _____
6. Average # of jobs in last 12 months: _____
7. Estimated annual receipts: \$ _____

CONSTRUCTION SITE INFORMATION

1. Location: _____
City: _____ County: _____
State: _____ Zip Code: _____
2. Construction Type: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive
3. Roof Type: _____ Floors: _____ Support Framing/Studs: _____
4. Square Footage: _____
5. # of Stories: _____
6. Is this a remodel/renovation/installation project? No Yes
7. Intended use/occupancy of structure _____
8. Protection Class _____
9. Distance to fire hydrant _____
10. Distance to fire dept. _____
11. Firewalls: number of firewalls? _____ Firewall rating # of hours? _____
When will firewalls be put in use? _____ When will doors be installed? _____
12. Anticipated start date: _____
13. Anticipated completion date: _____
14. Site security: No security Watchman/guard 24 hrs Watchman/guard night only
 Lighted Fenced Other _____

BUILDERS RISK APPLICATION

1. Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other _____
2. Mortgagee/ Loss Payee/ Additional Interest _____
3. Owner's Name/Mailing Address _____
4. Estimated completed value \$ _____
5. Transit coverage: No \$25,000 Other _____
6. Property temporarily at other locations: No \$25,000 Other _____
7. Testing Coverage? No Yes Limit \$ _____
If yes, provide details: _____

Completed By: _____

Phone Number: _____ Email Address: _____