

**RISK INFORMATION**

**About the Owner...** Name: \_\_\_\_\_  
(if other than insured) Address: \_\_\_\_\_

**About the Contractor...** Name: \_\_\_\_\_  
(if other than insured) Address: \_\_\_\_\_

**About the Architect or Consulting Engineer...** Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Has the insured held the Architect/Designer harmless for errors in design?  Yes  No

Describe the contractor's experience with this type of construction:

**LIMITS OF INSURANCE: If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.**

\$ \_\_\_\_\_ at construction jobsite location      \$ \_\_\_\_\_ while in transit

\$ \_\_\_\_\_ in any one loss

Deductible:  \$1,000     \$2,500     \$5,000     Other: \_\_\_\_\_

**Additional Coverages:**

<u>Limits Included</u>	<u>Selected Limits (If Different)</u>	
\$100,000	\$ _____	Temporary Structures
\$25,000	\$ _____	Temporary Locations
\$100,000	\$ _____	Forms, Scaffolding, Falsework, & Temp Fences
\$100,000	\$ _____	Removal Expense
\$5,000	\$ _____	Fire Department Service Charge
\$500 per item	\$ _____ per item	Lawns, Trees, Shrubs, Plants
\$5,000 per occur.	\$ _____ per occur.	Lawns, Trees, Shrubs, Plants

**SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"**

\_\_\_\_\_

**Construction Details...**

Building Materials: Walls \_\_\_\_\_ Roof \_\_\_\_\_  
Floors \_\_\_\_\_

Intended Occupancy: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Number of stories: \_\_\_\_\_  
Intended Completion Date: \_\_\_\_\_ Contract Price: \$ \_\_\_\_\_

Any rigging required?  Yes\*  No  
\* Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform:  
\_\_\_\_\_

**Site Particulars..**

Fire Protection Class (at site): \_\_\_\_\_ Distance to Hydrants: \_\_\_\_\_ feet

Check any that apply at jobsite:  Fenced  Floodlights  
 Outside Patrol Service; How frequent? \_\_\_\_\_  
 Watchman Service; Hours? \_\_\_\_\_

Policies may be underwritten by Great American Insurance Company, American Alliance Insurance Company, American National Fire Insurance Company, or Agricultural Insurance Company. Licensing authority varies by state.

B. Completed Value - Monthly Reporting Form									
	Type of Buildings	Duration	# of Jobs		Values				
			Min	Max	Minimum \$	Maximum \$	Average \$		
Past 12 Months									
Next 12 Months									

**OPTIONAL COVERAGES & ENDORSEMENTS** (check desired coverages & complete appropriate questions)

**Time Element Coverage**

\$ \_\_\_\_\_ Soft Costs, including:

Interest on Construction loan       Lease renegotiation fees       Advertising Exps  
 Realty taxes & other assessments       Architectural or engineering supervisory fees

\$ \_\_\_\_\_ Rental Value

Deductible: \$ \_\_\_\_\_, OR \_\_\_\_\_ days waiting prd

**Flood Coverage**      - Sublimits [if different from other limit(s)]

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any other location  
 \$ \_\_\_\_\_ in any one policy year

- Deductible (if different from deductible for other coverages)  
 \$ \_\_\_\_\_ ; \_\_\_\_\_ hours waiting period

- Federal Flood Zone at jobsite:       A       AE       A1:A30       AO       A99  
 V       AR       D       V1:V30  
 VE       VO       Shaded X (B)       Unshaded X (C)

**Earthquake Coverage**      - Sublimits [if different from other limit(s)]

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any other location  
 \$ \_\_\_\_\_ in any one policy year

- Deductible (if different from deductible for other coverages)  
 - \$ \_\_\_\_\_ OR \_\_\_\_\_ % of value  
 - \_\_\_\_\_ hours waiting period

**Ordinance or Law Coverage**

Loc: _____	Demolition Cost	Incrsd Cost of Constructn.
Loc: _____	\$ _____	\$ _____
	\$ _____	\$ _____

\$ \_\_\_\_\_ **Extra Expense Coverage**       \$ \_\_\_\_\_ **Fire Protection Equipment Recharging**  
 \$ \_\_\_\_\_ **Inflation Protection Cvg**       \$ \_\_\_\_\_ **Plans and Records Coverage**  
 \$ \_\_\_\_\_ **Machinery Breakdown Coverage (excluding production machinery)**

**Permission to Occupy**      Location: \_\_\_\_\_      Occupancy: \_\_\_\_\_

**Permission to Waive Rights** against the following: \_\_\_\_\_

**Watchman Warranty**      Watch starting date: \_\_\_\_\_      Location Protected: \_\_\_\_\_

**Testing Exclusion**       **Steam Boiler Exclusion**  
 **Contingent Coverage Endorsement**       **Difference in Conditions (excludes certain named perils)**

Complete this section only if requesting coverage for a HOME BUILDERS project

Job Location: \_\_\_\_\_

**Limits of Insurance**

\$ \_\_\_\_\_ any one dwelling (incl. appurtenant structures)  
 \$ \_\_\_\_\_ any one temporary location  
 \$ \_\_\_\_\_ while in transit  
 \$ \_\_\_\_\_ in any one loss

Deductible:  \$1,000       \$2,500  
 \$5,000       \$ \_\_\_\_\_

**Monthly Reporting Endorsement**       Completed Value Rptg      OR       Per Start Reporting

**Model Homes & Contents Coverage**       Flat Annual Premium      OR       Monthly Reporting

- Model Homes

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any one model home  
 \$ \_\_\_\_\_ any one loss to model homes

- Contents of Model Homes

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any one model home  
 \$ \_\_\_\_\_ any one loss to model homes

**Homes In Inventory**       Flat Annual Premium      OR       Monthly Reporting

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any one home in inventory  
 \$ \_\_\_\_\_ any one loss to homes in inventory

**Trade-In Homes**       Flat Annual Premium      OR       Monthly Reporting

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ any one trade-in home  
 \$ \_\_\_\_\_ any one loss to trade-in homes

**Furniture & Appliances Coverage Endorsement**       Flat Annual Premium      OR       Monthly Reporting

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ while in transit  
 \$ \_\_\_\_\_ any one building  
 \$ \_\_\_\_\_ any one loss

Complete this section only if requesting coverage for a RENOVATION project

Job Location: \_\_\_\_\_

**Coverages and Limits of Insurance**

\$ \_\_\_\_\_ usable existing structure  
 \$ \_\_\_\_\_ new construction work at jobsite  
 \$ \_\_\_\_\_ while in transit  
 \$ \_\_\_\_\_ in any one loss  
 Deductible:  \$1,000  \$2,500  
 \$5,000  \$ \_\_\_\_\_

**Renovation Project Details**

- Existing Building Age \_\_\_\_\_ Dimensions \_\_\_\_\_  
 # of stories \_\_\_\_\_ Date Purchased \_\_\_\_\_  
 Occupancy \_\_\_\_\_  
 Occupied during renovation?  Yes  No

- Date "active renovations" to begin \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_  
 - Description of work to be performed: \_\_\_\_\_

- Any structural alterations?  
 Exterior walls: \_\_\_\_\_ % removed Building Framework: \_\_\_\_\_ % removed  
 Other: \_\_\_\_\_ Debris Removal Schedule: \_\_\_\_\_

Additional structural reinforcement: \_\_\_\_\_

- Protection operational during renovation:  Sprinkler  Burglar Alarm  Fire Alarm

**Building Valuation**

- If coverage is desired on existing building:  
 - Date of Building and Land Purchase \_\_\_\_\_  
 - Cost of Building and Land Purchase \_\_\_\_\_ \$ \_\_\_\_\_  
 - Estimated land value \_\_\_\_\_ - \_\_\_\_\_  
 - Improvements after purchase, but prior to this project \_\_\_\_\_ + \_\_\_\_\_  
 --- Owner's investment in building (subtotal) \_\_\_\_\_ \$ \_\_\_\_\_  
 - Estimated cost to rebuild the portion to be used in  
 the project with like material \_\_\_\_\_ \$ \_\_\_\_\_  
 - 100% less \_\_\_\_\_ % depreciation = \_\_\_\_\_ X \_\_\_\_\_ %  
 - Existing building actual cash value \_\_\_\_\_ \$ \_\_\_\_\_

**New work to be done in renovation/rehabilitation project:**

- Total contract amount \_\_\_\_\_ \$ \_\_\_\_\_  
 - Uninsurable expenditures (site preparation, etc.) \_\_\_\_\_ - \_\_\_\_\_  
 - New Construction Work \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL NEW CONSTRUCTION WORK SPLIT BY PHASE:**

- Estimated cost of removal phase \_\_\_\_\_ \$ \_\_\_\_\_  
 - Estimated cost of construction phase \_\_\_\_\_ \$ \_\_\_\_\_