



Property & Inland Marine
Residential Construction

Builders Risk Annual Auditable or Reporting Form Application

PRODUCER INFORMATION

Agency name: _____ Producer code: _____
Submitted by: _____ Phone number: _____

APPLICANT INFORMATION

Named Insured: _____

Address: _____

City, state, zip: _____

Effective date: _____ Expiration date: _____

Action: Quote Issue Billing: Direct Agency

Policy Type: Monthly reporting completed value Monthly reporting per start
 Annual auditable gross receipts Annual auditable completed value

Prior 12 months gross sales: _____

Projected 12 months gross sales: _____

Company website: _____

Email address: _____

Loss Prevention contact name and telephone number: _____

Audit contact name and telephone number: _____

Year business started: _____

Has coverage been declined, cancelled or non-renewed for any of these reasons: non payment, loss history, insurance fraud in the last 3 years? Yes No

Ever filed bankruptcy or reorganization? Yes No

Who was prior builders risk insurance carrier the last 3 years? _____

What limit of insurance do you require from subcontractors? \$500,000 \$1,000,000

Other _____ None

If less than two years in business, Fax resume and update financial information to 513.369.7328 or Email to RC.APP@gaic.com

LOSS HISTORY (past 5 years)

Date	Amount Paid	Deductible	Cause of Loss	Prevention Implemented

No losses in the past 5 years.

Fax additional hard copy loss runs to 513.369.7328 or Email to RC.App@gaic.com

NEW CONSTRUCTION

Homes Built in Last 12 Months	Estimated Number of Homes Started in Next 12 Months	How Many Speculative Homes Built in Last 12 Months	Estimated Number of Speculative Homes in Next 12 Months

Average Length of Construction in Months	Completed Value per Dwelling (Excluding Lot)	Maximum Completed Value per Dwelling (Excluding Lot)	Average Sales Price per Dwelling (Including Lot)	Maximum Sales Price per Dwelling (Including Lot)

What % of starts are built in Public Fire Protection 1-8? _____

What % of starts are built in Public Fire Protection 9-10? _____

Do you build in multiple subdivisions? Yes No

If Yes, what is the minimum distance between subdivisions? _____

Are any dwellings over 3 stories in height? Yes No

Any dwellings over 4 units? Yes No If yes, please complete multi-family questions.

Jobsite security:

Private security patrol Frequency to patrol _____ Fence Lights Other _____

List the counties with dwellings under construction: _____

Maximum total value of new construction on the ground at any one time in the next 12 months: _____

Do you plan on remodeling homes? Yes No

Do you build or plan to build homes of mobile nature? Yes No

Do you remodel or plan to remodel homes of mobile nature? Yes No

MODEL HOME

Number of Models to Insure	What is the Average Model Home Value?	What is the Maximum Model Home Value?	What is the Average Contents Value?	What is the Maximum Contents Value?

Are there any models over 3 stories in height? Yes No

What is the Public Fire Protection Class for the model homes? 1-8 9-10

Do all the models have active security alarms? Yes No

What ages are the models? 1 year 2 year 3 year 4 year+

Fax list of models to 513.369.7328 or Email to RC.App@gaic.com

HOMES IN INVENTORY

Number of Homes Completed and Not Sold?	What is the Average Value for Inventory?	What is the Maximum Value for Inventory?

Is there any inventory that is over 3 stories in height? Yes No

What is the Public Fire Protection for existing inventory? 1-8 9-10

Do the inventory homes have active security alarms? Yes No

What ages are the inventory homes? 1 year 2 year 3 year 4 year+

Fax list of models to 513.369.7328 or Email to RC.App@gaic.com

CONSTRUCTION TRAILER

Number of Jobsite Construction Trailers	Limit of Insurance per Construction Trailer	Limit of Insurance per Trailer Contents

This coverage excludes Miscellaneous Tools. Need Contractors Equipment policy.

MULTI FAMILY

Please provide details of buildings over 4 units:

Building 1: Completed value _____ Number of units _____

What is the construction? Frame Joisted masonry Other _____

How many stories? 1-2 3-4 Does the dwelling have a firewall between units? Yes No

Start date _____ End date _____

Building 2: Completed value _____ Number of units _____

What is the construction? Frame Joisted masonry Other _____

How many stories? 1-2 3-4 Does the dwelling have a firewall between units? Yes No

Start date _____ End date _____

Building 3: Completed value _____ Number of units _____

What is the construction? Frame Joisted masonry Other _____

How many stories? 1-2 3-4 Does the dwelling have a firewall between units? Yes No

Start date _____ End date _____

Building 4: Completed value _____ Number of units _____

What is the construction? Frame Joisted masonry Other _____

How many stories? 1-2 3-4 Does the dwelling have a firewall between units? Yes No

Start date _____ End date _____

Building 5: Completed value _____ Number of units _____

What is the construction? Frame Joisted masonry Other _____

How many stories? 1-2 3-4 Does the dwelling have a firewall between units? Yes No

Start date _____ End date _____

Does the firewall go through the roof? Yes No

What is the distance between buildings? 25-100 feet Over 100 feet Less than 25 feet

When does building "roll over" to an association? _____

1st unit occupied When all units are occupied No association Other _____

Prior experience building multi-family: Yes No

Do you need occupancy? Yes No

Fax plot plan to 513.369.7328 or Email to RC.APP@gaic.com

OPTIONAL COVERAGES

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 _____

Interest of construction loan Limit _____

Architectural or engineering supervisory fees Limit _____

Other: _____ Limit _____

POLICY INFORMATION

Do you want to exclude profit? Yes No

Limit at any one dwelling: \$250,000 \$500,000 \$750,000 \$1,000,000 Other _____

Limit in any one loss: \$2,500,000 \$5,000,000 Other _____

Limit while in transit and temporary location: \$10,000 Other _____

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

REMARKS

Large empty rectangular area for handwritten or typed remarks.