

# INSTALLATION / BUILDERS RISK SECTION

DATE (MM/DD/YYYY)

|                          |              |                          |                                 |           |
|--------------------------|--------------|--------------------------|---------------------------------|-----------|
| AGENCY                   |              | CARRIER                  |                                 | NAIC CODE |
| POLICY NUMBER            |              | EFFECTIVE DATE           | APPLICANT / FIRST NAMED INSURED |           |
| <input type="checkbox"/> | INSTALLATION | <input type="checkbox"/> | BUILDERS RISK                   |           |

**COVERAGE**

**OPEN REPORTING FORM**

| LIMIT AT ANY SINGLE LOCATION | LIMIT PER DISASTER | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT |
|------------------------------|--------------------|-------------------------------|---------------|
| \$                           | \$                 | \$                            | \$            |

**CAUSES OF LOSS & DEDUCTIBLE**

| CAUSES OF LOSS                 | SUB LIMIT                      | DEDUCTIBLE |
|--------------------------------|--------------------------------|------------|
| EARTHQUAKE                     | \$                             |            |
| FLOOD                          | \$                             |            |
|                                | \$                             |            |
| SPECIAL                        |                                |            |
| BROAD <input type="checkbox"/> | BASIC <input type="checkbox"/> |            |

**TERRITORY**

SPECIFY THE APPLICANTS OPERATING TERRITORY:

**RECEIPTS**

ENTER THE GROSS INSTALLATION RECEIPTS.

| PAST 12 MONTHS | NEXT 12 MONTHS (ESTIMATE) |
|----------------|---------------------------|
| \$             | \$                        |

**JOBS / VALUES**

| TYPE        | ANNUAL NUMBER | DURATION | # JOBS IN PROGRESS |         | COST OR VALUE OF EACH INSTALLATION |         |         | MATERIAL COST (% of Total) |
|-------------|---------------|----------|--------------------|---------|------------------------------------|---------|---------|----------------------------|
|             |               |          | MAXIMUM            | AVERAGE | MAXIMUM                            | MINIMUM | AVERAGE |                            |
| RESIDENTIAL |               |          |                    |         | \$                                 | \$      | \$      | %                          |
| COMMERCIAL  |               |          |                    |         | \$                                 | \$      | \$      | %                          |

**ADDITIONAL INTEREST**

ACORD 45 Attached

| INTEREST                            | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER         |
|-------------------------------------|-------|------------------|--------------|----------------------|---------------------------------|
| <input type="checkbox"/> LOSS PAYEE |       |                  |              |                      | LOCATION: _____ BUILDING: _____ |
| <input type="checkbox"/> LIENHOLDER |       |                  |              |                      | SCHEDULED ITEM NUMBER: _____    |
| <input type="checkbox"/>            |       |                  |              |                      | OTHER _____                     |
| ITEM DESCRIPTION: _____             |       |                  |              |                      |                                 |

  

| INTEREST                            | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER         |
|-------------------------------------|-------|------------------|--------------|----------------------|---------------------------------|
| <input type="checkbox"/> LOSS PAYEE |       |                  |              |                      | LOCATION: _____ BUILDING: _____ |
| <input type="checkbox"/> LIENHOLDER |       |                  |              |                      | SCHEDULED ITEM NUMBER: _____    |
| <input type="checkbox"/>            |       |                  |              |                      | OTHER _____                     |
| ITEM DESCRIPTION: _____             |       |                  |              |                      |                                 |

  

| INTEREST                            | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER         |
|-------------------------------------|-------|------------------|--------------|----------------------|---------------------------------|
| <input type="checkbox"/> LOSS PAYEE |       |                  |              |                      | LOCATION: _____ BUILDING: _____ |
| <input type="checkbox"/> LIENHOLDER |       |                  |              |                      | SCHEDULED ITEM NUMBER: _____    |
| <input type="checkbox"/>            |       |                  |              |                      | OTHER _____                     |
| ITEM DESCRIPTION: _____             |       |                  |              |                      |                                 |

**RIGGING**

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

**TRANSPORTATION / SECURITY**

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

\_\_\_\_\_ %

DESCRIBE JOB SITE SECURITY

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**COVERAGE**

| LIMIT AT LOCATION | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT |
|-------------------|-------------------------------|---------------|
| \$                | \$                            | \$            |

**SPECIFIC JOB**

**CAUSES OF LOSS & DEDUCTIBLE**

| CAUSES OF LOSS | SUB LIMIT                      | DEDUCTIBLE |
|----------------|--------------------------------|------------|
| EARTHQUAKE     | \$                             |            |
| FLOOD          | \$                             |            |
|                | \$                             |            |
| SPECIAL        |                                |            |
| BROAD          | <input type="checkbox"/> BASIC |            |

**JOB TERM / VALUES**

| JOB TERM     |            | CONTRACT AMOUNT | VALUE OF OWNER SUPPLIED PROPERTY |
|--------------|------------|-----------------|----------------------------------|
| COMMENCEMENT | COMPLETION |                 |                                  |
|              |            | \$              | \$                               |

**SECURITY**

DESCRIBE JOB SITE SECURITY

**JOB DESCRIPTION**

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: \_\_\_\_\_

**ADDITIONAL INTEREST**

ACORD 45 Attached

| INTEREST                            | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|-------------------------------------|-------|------------------|--------------|----------------------|-------------------------|
| <input type="checkbox"/> LOSS PAYEE |       |                  |              |                      | LOCATION: BUILDING:     |
| <input type="checkbox"/> LIENHOLDER |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |
|                                     |       |                  |              |                      | OTHER                   |
| ITEM DESCRIPTION:                   |       |                  |              |                      |                         |
| <input type="checkbox"/> LOSS PAYEE |       |                  |              |                      | LOCATION: BUILDING:     |
| <input type="checkbox"/> LIENHOLDER |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |
|                                     |       |                  |              |                      | OTHER                   |
| ITEM DESCRIPTION:                   |       |                  |              |                      |                         |
| <input type="checkbox"/> LOSS PAYEE |       |                  |              |                      | LOCATION: BUILDING:     |
| <input type="checkbox"/> LIENHOLDER |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |
|                                     |       |                  |              |                      | OTHER                   |
| ITEM DESCRIPTION:                   |       |                  |              |                      |                         |

**TRANSPORTATION**

| TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK. |                            |                               |                   |
|--|----------------------------|-------------------------------|-------------------|
| AMOUNT SHIPPED   | % FOR APPLICANT'S VEHICLES | % BY COMMON/ CONTRACT CARRIER | DISTANCE INVOLVED |
| \$   | %                          |                               |                   |

**RIGGING**

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

REMARKS

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|                       |                                |  |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                           |