

Striior Insurance Solutions Builder's Risk Application

This application is submitted by or on behalf of the Insured for the proposed insurance.
 If additional space is needed, please attached a separate document to this application to provide complete answers.
 If the answer to a question is none, please state "N/A" in the space provided.

INSURED & PROJECT INFORMATION

Named Insured:

Named Insured Mailing Address:

Insured is:

- Owner Contractor
- Developer Other Please explain:

Contractor Name and Website:
(if different from Named Insured)

of Years in Business:

Project Address:

Estimated Start Date: Estimated Completion Date:

Estimated Project Term: Days

Has work started? Yes No

If Yes - Original Start Date:

% Completed:

Values Completed:

SCOPE OF WORK

Please check one.

- New Construction
- Non-Structural Renovation Includes cosmetic upgrades and/or replacing interior / exterior finishes, cabinets, flooring, HVAC, plumbing, electrical, etc.
- Structural Renovation Includes repairing, replacing, and/or removing load-bearing walls, adding additional stories, and/or adding stairways or elevators.
- Lateral Addition Includes expanding building footprint with remodel / renovation for tie-in purposes only.

Intended occupancy:

Sq. Ft. - New Construction:

Sq. Ft. - Existing Structure:

Total Square Footage:

of Stories:

of Buildings:

If 2+ buildings - will each building turn over upon completion? Yes No

Will any building have a basement or level(s) below grade? Yes No

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LOSS CONTROL

Please check any of the below measures that will be implemented at the jobsite.

Perimeter fencing with entrances locked during non-working hours

Perimeter lighting during non-daylight hours

Guard service during non-working hours

Third-party monitored surveillance Preferred vendor?

Third-party monitored smoke / heat detection Preferred vendor?

Water flow monitoring and/or leak detection Preferred vendor?

Brush and vegetation clearance*

** Only applicable to projects located in a brush zone or wildfire urban interface.*

Distance to nearest working fire hydrant:

If none available, will there be another portable water source at the jobsite? Yes No

If Yes - Please explain:

Please note: Your policy may include additional underwriting conditions required to protect the jobsite.

Please review your quote carefully to ensure your site security plan is compliant.

SUBJECTIVITIES

Please include the following materials in your submission:

General Contractor's 5-Year Builder's Risk Loss History

Budget / Pro-Forma

Most Current Construction Schedule / Gantt Chart

Site Plan

Engineering Report (*for structural renovation work only*)

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.