

BUILDER'S RISK NEW CONSTRUCTION APPLICATION



New Construction only, single projects

GENERAL INFORMATION

Project Start Date:

Project Completion Date:

Name Insured:

Website Address:

Mailing Address:

Telephone:

Project Location Address:

Project Description:

Protection Class: ; or

Distance (in feet) to nearest fire hydrant:

Distance (in road miles) to nearest fire department:

Contractor:

Website Address:

Owner:

Construction Type:

Fire Resistive

Modified Fire Resistive

Masonry Non-Combustible

Non-Combustible

Joisted Masonry

Frame

Square Footage:

Number of Stories:

LIMITS

Hard Cost (New Construction)

Gross Earnings and Rental Income

Extra Expense

Soft Costs

Temporary Storage

Transit

Flood

Earthquake

Cold Testing

Include Hot Testing? Yes

DEDUCTIBLES

Hard Cost

Gross Earnings and Rental Income

Waiting Period

No waiting period applies for Extra Expense

Soft Costs Waiting Period

Hard cost deductible applies

Hard cost deductible applies

Flood

Earthquake

Cold Testing

No Hot Testing

LIMITS AND DEDUCTIBLES continued

Project Description:

Intended Occupancy:

Multiple Buildings? Yes No If yes, please provide plot plan.

Is project on fast track (compressed schedule)? Yes No

Is water damage prevention plan in place? Yes No If yes, please provide plan.

Does your water prevention plan include sensor and/or shut off valves? Yes No

Indicate if the following building safeguards or job site protection will be fully operational during the entire project:

Central Stations Burglar Alarm? Yes No

Central Stations Fire Alarm or Smoke Detection? Yes No

Watchperson? Yes No

Does watchperson make hourly, documented rounds on-site during nonworking hours and weekends? Yes No

Fenced? Yes No

Lighted? Yes No

Video surveillance monitored in real time by third party? Yes No

Is hot work part of this project? Yes No If yes, is there a written fire prevention plan? Please provide plan.

Please provide breakdown of soft costs:

Are high valued finishes or unique or foreign source materials being used in the project? Yes No

If yes, please provide contingency plan to obtain materials.

Will any materials be stored below grade? Yes No

If yes, have measures been taken to store those materials in areas that are off the ground?

Is The Hartford being asked to pick up coverage midterm for any project already started? Yes No

If yes, what percentage of the project is already complete?

Have there been any losses? Yes No If yes, please provide loss history:

Will any materials be stored in the open? Yes No If yes, where is the location?

Describe measures to protect building materials, namely copper and precious metals:

Please include the following information (required if project is over \$50MM in value)

Budget Timeline Artist rendering Geotechnical report Water prevention plan

MORTGAGEE/LOSS PAYEE

Mortgagee

Loss Payee

Name:

Address:

CONSTRUCTION TYPE

Frame (ISO Grade 1) means a structure with exterior walls, floor and roof composed of combustible materials. Structures composed entirely of wood construction will be considered frame as will any structure that has metal or brick or masonry over wood frame sheathing. Additionally, any structure of mixed construction type that has, at time of completion, more than 35% of its structure consisting of frame or combustible materials (as previously described) shall also be considered frame construction.

Joisted Masonry (ISO Grade 2) means a structure with exterior walls of masonry or composed of fire-resistive material having a fire-resistance rating not less than one hour. The floors and roof are combustible.

Non-Combustible (ISO Grade 3) means a structure with exterior walls, floors, roof and supporting structural members of non-combustible or slow burning materials. All metal buildings are most commonly found in this class. The fire-resistive rating is less than one hour.

Masonry Non-Combustible (ISO Grade 4) means a structure with exterior bearing walls or load bearing portions of exterior walls that are either non-combustible material with a fire-resistive rating not less than one hour or are of masonry construction. Floors, roof, and interior structural members are of non-combustible or slow burning material.

Modified Fire Resistive (ISO Grade 5) means a structure with exterior walls, floors, and roof of masonry materials as described in Fire Resistive, but deficient in thickness; or fire-resistive material described in Fire Resistive, but with a fire-resistive rating of less than 2 hours, but not less than one hour.

Fire Resistive (ISO Grade 6) means a structure in which the exterior load bearing walls or load bearing portions of exterior walls, floors and roofs and all interior load bearing walls and interior structural members are constructed with masonry or other fire-resistive materials. None of these materials may have a fire-resistive rating of less than two hours.

COUNTRYWIDE FRAUD WARNING STATEMENTS

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA APPLICANTS: 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT’S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature:Title:

Print Name:Date:

Producer’s Signature:Title:

Print Name:Date:

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

- First State Insurance Company

Hartford Accident and Indemnity Company

Hartford Casualty Insurance Company

Hartford Fire Insurance Company

Hartford Insurance Company of Illinois

Hartford Insurance Company of the Midwest

Hartford Insurance Company of the Southeast

Hartford Lloyd’s Insurance Company

Hartford Underwriters Insurance Company

New England Insurance Company
- New England Reinsurance Corporation

Nutmeg Insurance Company

Omni Indemnity Company

Omni Insurance Company

Pacific Insurance Company, Limited

Property and Casualty Insurance Company of Hartford

Sentinel Insurance Company, Ltd.

Trumbull Insurance Company

Twin City Fire Insurance Company

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:



Business Insurance
Employee Benefits
Auto
Home