

Inland Marine – Builders Risk Application

PRODUCER INFORMATION

Producer:	NPN:	SLA #:
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APPLICANT INFORMATION

Named Insured:	Street Address:	
City:	State:	ZIP Code:
Phone Number:	Website:	
Category: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Developer <input type="checkbox"/> Other (Explain) <input type="checkbox"/>		
Risk Control Contact:	Contact Role:	
Contact Phone:	Contact Email:	

CONTRACTOR INFORMATION

Contractor Name:	Street Address:	
City:	State:	ZIP Code:
Phone Number:	Website:	
Years in Business:	Contractor's License:	

PROJECT INFORMATION

Estimated Start Date:	Estimated Completion Date:	
Has work started? Yes <input type="checkbox"/> No <input type="checkbox"/>	Original Start Date:	% Complete:
Description of Completed and Remaining Items:		
Project Type: Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Road <input type="checkbox"/> Energy <input type="checkbox"/>	New Construction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Renovation Construction: Non-Structural Renovation <input type="checkbox"/> Structural Renovation <input type="checkbox"/> Lateral Addition <input type="checkbox"/> Vertical Addition <input type="checkbox"/>		
Existing Structure: Year Built: _____ Square Footage: _____ # of Stories: _____		
Intended Structure: Occupancy: _____ Square Footage: _____ # of Stories: _____		
Occupied During Construction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ISO Construction Class:		
Wood Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Other (Explain) <input type="checkbox"/>		
Location(s) of Property:		
Hard Costs Limits:	Existing Structure Limits:	Soft Costs Limits:

Business Income Limits:	Loss of Rents Limits:	Additional Construction Expenses Limits:
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JOBSITE SECURITY AND OPERATIONAL INFORMATION

Distance to Operational Fire Hydrant:	Distance to Responding Fire Department:
Describe your fire safety protocol:	
Describe Jobsite Protection (check all that apply): Jobsite Fenced <input type="checkbox"/> Monitored Cameras <input type="checkbox"/> On Site Security <input type="checkbox"/> Other (describe) <input type="checkbox"/>	
Describe Additional Protection:	
Is Work Ongoing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Planned Stoppages Greater than 15 Days? Yes <input type="checkbox"/> No <input type="checkbox"/>

MORTGAGEES/LENDERS

Name	Address	Description of Property

JOBSITE CLAIMS INFORMATION

Any known property losses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you know of any unreported potential claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe:
If there are any known property losses in excess of \$10,000, please attach loss runs.	

FRAUD WARNINGS:

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, TEXAS, WEST VIRGINIA, OTHER STATES NOT LISTED BELOW:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA:

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:

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.

DISTRICT OF COLUMBIA:

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.

DELAWARE:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA:

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:

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.

IDAHO:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY:

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.

MAINE:

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 denial of insurance benefits.

MARYLAND:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

MINNESOTA:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY:

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

NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO:

Any person who, with intent to defraud or knowing that he/she 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:

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:

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

PENNSYLVANIA:

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, VIRGINIA, AND WASHINGTON:

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.

ACKNOWLEDGEMENT

Applicant Name:	Applicant Title:	FEIN:
Applicant Signature:		Date: