

**MAIN SALES INSURANCE SOLUTIONS, INC.  
BUILDERS RISK SUPPLEMENTAL**

**RISK INFORMATION**

**About the Owner...** Name: \_\_\_\_\_  
(if other than insured) Address: \_\_\_\_\_

**About the Contractor...** Name: \_\_\_\_\_  
(if other than insured) Address: \_\_\_\_\_

**About the Architect or Consulting Engineer...** Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Has the insured held the Architect/Designer harmless for errors in design?  Yes  No

Describe the contractor's experience with this type of construction:  
\_\_\_\_\_

**LIMITS OF INSURANCE: If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.**

\$ \_\_\_\_\_ at construction jobsite location      \$ \_\_\_\_\_ while in transit  
\$ \_\_\_\_\_ in any one loss

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

**SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"**

**A. SPECIFIC JOB**

**Location:** \_\_\_\_\_

**Construction Details...**

Building Materials: Walls \_\_\_\_\_ Roof \_\_\_\_\_  
Floors \_\_\_\_\_

Intended Occupancy: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Number of stories: \_\_\_\_\_  
Intended Completion Date: \_\_\_\_\_ Contract Price: \$ \_\_\_\_\_

Any rigging required?  Yes\*  No

\* Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform:  
\_\_\_\_\_

**Site Particulars..**

Fire Protection Class (at site): \_\_\_\_\_ Distance to Hydrants: \_\_\_\_\_ feet

Check any that apply at jobsite:  Fenced     Floodlights  
 Outside Patrol Service; How frequent? \_\_\_\_\_  
 Watchman Service; Hours? \_\_\_\_\_

**B. COMPLETED VALUE - MONTHLY REPORTING FORM**

	Type of Buildings	Duration	# of Jobs		Values		
			Min	Max	Minimum \$	Maximum \$	Average \$
Past 12 Months							
Next 12 Months							

**OPTIONAL COVERAGES & ENDORSEMENTS (check desired coverages & complete appropriate questions)**

**Time Element Coverage**

\$ \_\_\_\_\_ Soft Costs, including:

<input type="checkbox"/> Interest on Construction loan	<input type="checkbox"/> Lease renegotiation fees	<input type="checkbox"/> Advertising Exps
<input type="checkbox"/> Realty taxes & other assessments	<input type="checkbox"/> Architectural or engineering supervisory fees	

\$ \_\_\_\_\_ Rental Value

Deductible: \$ \_\_\_\_\_, OR \_\_\_\_\_ days waiting prd

**Flood Coverage**

- Sublimits [if different from other limit(s)]

\$ _____	at _____
\$ _____	at _____
\$ _____	any other location
\$ _____	in any one policy year

- Deductible (if different from deductible for other coverages)  
\$ \_\_\_\_\_ ; \_\_\_\_\_ hours waiting period

- Federal Flood Zone at jobsite:

<input type="checkbox"/> A	<input type="checkbox"/> AE	<input type="checkbox"/> A1:A30	<input type="checkbox"/> AO	<input type="checkbox"/> A99
<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> V	<input type="checkbox"/> V1:V30
<input type="checkbox"/> VE	<input type="checkbox"/> VO	<input type="checkbox"/> Shaded X	<input type="checkbox"/> Unshaded X	

**Earthquake Coverage**

- Sublimits [if different from other limit(s)]

\$ _____	at _____
\$ _____	at _____
\$ _____	any other location
\$ _____	in any one policy year

- Deductible (if different from deductible for other coverages)  
- \$ \_\_\_\_\_ OR \_\_\_\_\_ % of value  
- \_\_\_\_\_ hours waiting period

**Temporary Location**

\$ \_\_\_\_\_ at a temporary location

- Type of property stored: \_\_\_\_\_ - Maximum values stored: \$ \_\_\_\_\_

**Ordinance or Law Coverage**

	Demolition Cost	Incrsd Cost of Constructn.
Loc: _____	\$ _____	\$ _____
Loc: _____	\$ _____	\$ _____

**Temporary Structures Endorsement** \$ \_\_\_\_\_ on temporary structures, scaffolding, forms at jobsite

I certify that all information is accurate to the best of my knowledge:

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_