

NEW COMMERCIAL/RESIDENTIAL CONSTRUCTION APPLICATION

AGENCY INFORMATION

Agency Name			
Broker Name			
Agency Mailing Address Street			
City	State	Zip Code	
Phone	Email		

SECTION 1: Insured Information

Insured Name			
Property Address Under Construction – Street			
City	State	Zip Code	Country
Insured Mailing Address - Street			
City	State	Zip Code	Country
Contact name	Phone		
Email Address			

SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner?	Owner <input type="checkbox"/>	Builder <input type="checkbox"/>	Builder/Owner <input type="checkbox"/>
Builder Name			
Builder Address – Street			
Builder Address – City	State	Zip Code	
Does the builder have two years' experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the builder licensed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project brand new construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the structure a 1-4 unit family building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the structure a commercial building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this an installation floater?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the intended occupant of the building?			
Will construction include waste water treatment facilities/civil works (bridges/tunnels)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the total # of structures for this location?			
Is the builder insuring other properties with Schinnerer within 100 ft of this structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what is the total value of all structures?			
Has the insured been cancelled or non-renewed by any previous insurance carrier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the builder had any builders risk losses in the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide amount, date and description.			
Is any demolition work being done?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is debris removed from site at regular intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

▶ SECTION 3: Property Information

What is the county?

Construction type? Protection class?

What is the square footage? How many stories in the building?

Will the structure be occupied during construction? Yes No

Were there any previous losses at this location? Yes No

▶ SECTION 4: Project and Coverage Information

Has the project started? Yes No What was or will be the start date?

What is the estimated completion date?

Is there a sales contract on this structure? Yes No

Is the structure modular or mobile? Yes No

Does the project involve 'tilt up' construction? Yes No

If project started what is the percentage complete?

Total completed value of one structure?

Total completed value of all structures? (would be the same as the value provided for the above question if there is not a stand-alone barn or garage)

Select a deductible

▶ SECTION 5: Coverages included in policy

Select the optional coverages and associated limits you want include in this submission?

	Current Limit	Desired Limit
Collapse	Included	Cannot be increased
Scaffolding, construction forms and temporary structures	\$20,000	
Debris Removal	\$150,000	
Discharge from sewer, drain or sump	\$5,000	
Fire department service charge	\$10,000	
Valuable papers and records	\$20,000	
Pollutant clean up and removal	\$15,000	
Ordinance of law – direct damage		
1. Coverage for loss to undamaged portal of building	Included	Cannot be increased
2. Demolition cost coverage	\$100,000	
3. Increased cost of construction	\$100,000	
4. Combined aggregate	\$150,000	
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	
Property at a temporary storage location	\$100,000	
Property in transit	\$100,000	
Expediting expenses	\$50,000	
Limited coverage for "fungi," wet rot and dry rot	\$5,000	
Soft costs	\$50,000	

▶ SECTION 6: Additional Coverages - Select the optional coverages and associated limits

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Desired Limit
Green Builder	<input type="checkbox"/>	<input type="checkbox"/>	
Contract Change Order Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	
Flood	<input type="checkbox"/>	<input type="checkbox"/>	
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	
Business Income & Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>	
Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>	
Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Permission to occupy	<input type="checkbox"/>	<input type="checkbox"/>	

▶ SECTION 7: Wind Coverage Information

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX VA).

Do you want to exclude wind?

Yes No

Is the structure located within 1,000 feet of ocean, sea, bay or gulf?

Yes No

Is the risk eligible for the wind pool?

Yes No

Is the building on pilings?

Yes No

Percentage of the structure to be complete by November 1st

When will the building be capped/reach its highest point?

When will the building be fully enclosed?

What percentage of the structure is glass?

Is the glass impact resistant?

Yes No

▶ SECTION 8: Additional Interest

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

Name Loan number

Mailing Address Street

City State Zip Code

▶ SECTION 9: Additional Information - Please provide any additional information for this submission:

Premium is due in full 10 days after the effective date.