



ESSEX INSURANCE COMPANY

SUPPLEMENTAL BUILDERS RISK APPLICATION

NEW / GROUND UP CONSTRUCTION ONLY

THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO A GENERAL APPLICANT INFORMATION APPLICATION

INSURED INFORMATION:

NAMED INSURED: _____

DBA: _____

INSURED IS: OWNER CONTRACTOR

NAME OF CONTRACTOR: _____ # OF YEARS IN BUSINESS: _____
 (IF DIFFERENT FROM NAMED INSURED)

CONTRACTOR MAILING ADDRESS: _____ LOSS HISTORY / 5 YEARS _____

ESTIMATED START DATE OF PROJECT: _____ PROJECT CURRENTLY UNDER CONSTRUCTION? YES NO

ESTIMATED COMPLETION DATE OF PROJECT: _____ IF YES - ORIGINAL START DATE: _____

ESTIMATED TERM OF CONSTRUCTION: _____ MONTHS _____ % COMPLETED: _____ VALUES COMPLETED: _____

LIMITS OF LIABILITY:

TOTAL COMPLETED VALUE OF PROJECT: \$ _____ TEMPORARY STORAGE: \$ _____

LOSS LIMIT (IF APPLICABLE): \$ _____ TRANSIT: \$ _____

OPTIONAL COVERAGES: (MUST BE CHECKED)

WINDSTORM: IS PROJECT LOCATION ELIGIBLE FOR COVERAGE IN A WIND POOL? YES NO
 IF YES - MAXIMUM LIMIT AVAILABLE IN WIND POOL? \$ _____

EARTH MOVEMENT: ISO EQ ZONE: 1 2 3 4 5

FLOOD: FEMA FLOOD ZONE: A B C X V
 IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION? _____ ELEVATION OF FIRST FINISHED FLOOR? _____

SOFTS COSTS: \$ _____ (MUST ATTACH COMPLETE BREAKDOWN) LOSS OF RENTS: \$ _____
 LOSS OF EARNINGS: \$ _____

DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)

\$ 500 (RESIDENTIAL ONLY) \$ 1,000 \$ 2,500 \$ 5,000 OTHER \$ _____

PROJECT INFORMATION:

LOCATION ADDRESS: _____ STREET ADDRESS _____ CITY _____ COUNTY _____ ST _____ ZIP _____

PROJECT TYPE: RESIDENTIAL: SINGLE FAMILY TWO FAMILY _____ COMMERCIAL:

PUBLIC PROTECTION CLASS: _____ CITY LIMITS: INSIDE OUTSIDE

DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____ DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____

DISTANCE FROM COASTAL WATERS: _____ FEET _____ MILES

TOTAL SQ. FT. AREA: _____ # OF BUILDINGS: _____ APPROXIMATE DISTANCE BETWEEN BUILDINGS: _____

OF STORIES: _____

INTENDED OCCUPANCY: _____

CONSTRUCTION TYPE: FRAME
(CHECK ONE)

MASONRY JOIST

NONCOMBUSTIBLE

MASONRY NONCOMBUSTIBLE

FIRE RESISTIVE

WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD

WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE

WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL

WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL

WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS

REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS

NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____ DISTANCE TO: _____ CONSTRUCTION TYPE: _____

ARE BUILDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? _____

IF YES TO ABOVE - PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIME AND THE CORRESPONDING VALUES:

SITE SECURITY:

SITE FENCED? YES NO WATCHMAN SERVICE ON SITE DURING ALL NON-WORKING HOURS? YES NO

SITE LIGHTED? YES NO HOURS ON SITE? _____

LOSS CONTROL:

DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS? YES NO FREQUENCY: _____

PUBLIC WATER SUPPLY IN SERVICE AT SITE? YES NO

BRUSH AREA? YES NO IF YES - CLEARANCE FROM SITE? _____

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.):