

Roush Insurance Services, Inc.
PO Box 1060, Noblesville IN 46061-1060
Ph: (800) 752-8402 Fax: (317) 776-6891
Email: quote@roushins.com
Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Commercial Builders Risk Application

**For Existing Structures, use
Vacant Building Application.**

Proposed Dates: From _____ to _____

(Please Note: Quotation may not conform to limits and coverages requested on application.)

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____

Developer General Contractor Owner Tenant/Occupant
 Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No, Reason _____
 Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____
 Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____
 Is applicant in Bankruptcy? Yes No, Describe _____
 Exposure & Distance: Right _____ Left _____ Rear _____
 Within City Limits? No Yes, Population _____ Prot Class _____ Dist to Fire Dept _____ Dist to Hydrant _____
 Type of Area (Check All that Apply): Urban Suburban Rural Industrial Commercial Residential Developing
 General Condition of Building: _____

New Construction Covered Property (Building, Equipment & Supplies): (100% RC)	\$
Soft Costs:	\$
Total	\$

Property Deductible: \$1,000 \$2,500 \$5,000

Owners Contractors Protective Liability \$ _____ Per Occurrence / \$ _____ Aggregate

- 1. Describe Project:** _____
 - a. Project Starting Date: _____ Anticipated Completion Date: _____
 - b. No. of Stories _____ Construction _____ Square Feet _____
 - c. Provide name of contractor for construction project: _____
 - d. Is the designated general contractor licensed and bonded?..... Yes No
 - e. Describe the experience of general contractor: _____
 - f. Has the contractor or general contractor had any claims or losses within the last 3 years?..... Yes No
Describe _____
 - g. Do all contractors working on project have General Liability Ins.? (Proof of Insurance Required) Yes No
 - h. Are subcontractors also licensed and required to provide Proof of Insurance?..... Yes No
Describe _____
 - i. Is applicant listed as an additional insured on the designated contractors General Liability policy? Yes No
If yes, are certificates of insurance obtained?..... Yes No

2. Type of Subcontractors and Percent Subcontracted:

	%
	%
	%
Total Subcontracted	%

3. **Are Any Hold Harmless Agreements in Place?**..... Yes No
 a. Between Contractor and Subcontractors, describe: _____
 b. Between Contractor and Applicant, describe: _____
4. **Are There Any Contracts or Indemnification Agreements Between Owner & Contractor?**..... Yes No
Please attach copy of agreement.
5. **Have any construction operations already started? (If yes, see below)**..... Yes No
 a. Percentage: _____%
 b. How long has the project been dormant and/or abandoned? _____
 c. Why was the project delayed? _____
 d. Has there been a change in the General Contractor?..... Yes No
6. **Will any portion of the structure be occupied prior to completion of the project?**..... Yes No
 If yes, advise details: _____
7. **Is site easily accessible?**..... Yes No
8. **Jobsite safety precautions:** _____
9. **Is guard service employed?** Yes No
 If yes, what days or the week and hours of the day? _____
10. **Is there security lighting at the job site?** Yes No
11. **Is the job site fenced?**..... Yes No
 If yes, describe locking procedure & height of fencing: _____
12. **If the applicant has hazardous or flammable materials stored at the jobsite, what are they and what storage controls are in place to prevent fire potential?** _____
13. **Are licensed riggers used if hoisting or rigging is necessary?** Yes No
14. **Are there portable fire extinguishers located at the construction site?** Yes No
15. **Any building supplies or materials transported by air?**..... Yes No
16. **Has a released bill of lading from the carriers been obtained in the event transportation is by common or contract carrier at the applicant's risk?** Yes No
17. **Building's intended usage at completion:** _____

18. **Description of Operations (Mark all that apply):**

<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Lead, PCB or mold abatement
<input type="checkbox"/> Blasting	<input type="checkbox"/> Nuclear plants
<input type="checkbox"/> Condominium or Townhouse Construction/Conversion	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Construction or repair of/at oil or gas fields, pipelines, refineries, power lines, bridges, tunnels or elevated streets, roads, highways or railroads	
<input type="checkbox"/> Crane work over five stories	<input type="checkbox"/> Storing of inflammable gases, liquids and explosives
<input type="checkbox"/> Dams or reservoirs	<input type="checkbox"/> Underpinning or soil-stabilization operations
<input type="checkbox"/> Drilling	<input type="checkbox"/> Watercraft/Aircraft Exposure
<input type="checkbox"/> Hazardous waste removal or installation	<input type="checkbox"/> Work at or on former landfills or dump sites
Describe in Detail:	

19. **Mortgagee/Loss Payable Information:** Mortgagee Contract Buyer Contract Seller Loss Payable

Name	Address	Loan Number

Other Pertinent Information: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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.

NOTICE TO 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.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

APPLICANT'S STATEMENT:

I have read the above application and I 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 us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____