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SUPPLEMENTAL BUILDERS RISK APPLICATION

NEW / GROUP UP CONSTRUCTION ONLY

THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL INFORMATION APPLICATION – ACORD 125

INSURED INFORMATION:			
NAMED INSURED:			
DBA:			
INSURED IS:		<input type="checkbox"/> OWNER	<input type="checkbox"/> CONTRACTOR
NAME OF CONTRACTOR:		# OF YEARS IN BUSINESS:	
<small>(IF DIFFERENT FROM NAMED INSURED)</small>			
CONTRACTOR MAILING ADDRESS:		LOSS HISTORY / 5 YEARS	
		IS CONTRACTOR BONDED?	

ESTIMATED START DATE OF PROJECT:		PROJECT CURRENTLY UNDER CONSTRUCTION? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES – MAXIMUM LIMIT AVAILABLE IN WIND POOL?	\$	
EARTH MOVEMENT:	SO EQ ZONE:	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	FEMA FLOOD ZONE:	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
IF ZONE A OR V: 100 YEAR BASE FLOOD ELEVATION		ELEVATION OF FIRST FLOOR?	
SOFTS COSTS:	\$	LOSS OF RENTS:	\$
		LOSS OF EARNINGS:	\$

DEDUCTIBLES: ALL OTHER PERILS (Catastrophe Peril Deductibles will be determined by the Company)			
\$500 (RESIDENTIAL ONLY)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000 OTHER \$

PROJECT INFORMATION:				
LOCATION ADDRESS:				
	STREET ADDRESS	CITY	COUNTY	ST ZIP
PROJECT TYPE:	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO FAMILY	<input type="checkbox"/> COMMERCIAL
OTHER (DESCRIBE)				
IS ANY CONSTRUCTION ON FILLED LAND <input type="checkbox"/> Yes <input type="checkbox"/> No				
WILL ANY PART OF BUILDING BE OCCUPIED DURING CONSTRUCTION? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(IF "YES", EXPLAIN ON ATTACHMENT)				

PUBLIC PROTECTION CLASS:		CITY LIMITS: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	
DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT:		DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT:	
DISTANCE FROM COSTAL WATERS:		<input type="checkbox"/> FEET <input type="checkbox"/> MILES	
TOTAL SQ. FT. AREA:	#OF BUILDINGS:	APROXIMATE DISTANCE BETWEEN BUILDINGS:	
# OF STORIES	INTENDED OCCUPANCY:		
COPE: (CHECK ONE):			
<input type="checkbox"/> FRAME	WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD ON WOOD		
<input type="checkbox"/> MASONRY JOIST	WALLS ARE CONSTRUED 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		
<input type="checkbox"/> NONCOMBUSTIBLE	WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL		
<input type="checkbox"/> MASONRY NONCOMBUSTIBLE	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		
<input type="checkbox"/> FIRE RESISTIVE	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, RERERANCE 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 BULDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED?			
IF YES TO ABOVE – PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIMEAND THE CORRESPONDING VALUES:			

SITE SECURITY:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WATCHMAN ON SITE DURING ALL NON-WORKING HOURS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SITE LIGHTED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HOURS ON SITE?		

LOSS CONTROL:			
DEBRIS REMOVED FROM SITE AT REGULAR INTERVALS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FREQUENCY:
PUBLIC WATER SUPPLY IN SERVICE AT SITE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
BRUSH AREA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES – CLEAR FROM SITE?

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

CONSTRUCTION DETAILS:
1. Describe wall, roof and if > one story, intermediate floor construction (i.e. concrete block, poured in place concrete, metal deck on steel frame, concrete on metal deck, etc.):
Structural Members:
Walls:
Roof:
Intermediate Floors:
2. Distance to and construction of nearest exposure:
If multiple building, please answer the following:
3. # Of buildings:
4. Space between each building (attach plot plan if available):
5. Please indicate value of each building:
6. Are buildings being turned over as completed? If yes, please indicate average number of building under construction at one time (attaché construction schedule if available):

ADDITIONAL INFORMATION FOR RENOVATION PROJECTS
1. Age and condition of existing structure including prior occupancy:
2. How recently was location occupied? (<i>Has it been vacant for an extended period of time</i>)
3. What is the extent of structural work to be done?
4. If any is being done, provide engineering survey confirming integrity of structure:
5. Are water pipes protected against freezing?

SUBCONTRACTORS
1. Sub Contractor Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Certificates Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. List all subcontractors and length of business relationship with the contractor: (Attach Additional Sheet as Needed)
3. Additional Comments:

MISCELLANEOUS

1. Soft costs: If coverage desired, please attach a breakdown of soft costs requested (i.e. interest expense; real estate taxes; advertising expenses; commissions, legal and accounting fees; architects and engineers fees; project admin, expenses; insurance premiums; etc.) – Attach schedule

2. Please provide any additional information available (i.e. windspeed design, special construction features, etc):

<u>AGENT</u>		<u>APPLICANT</u>	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
TEL:		TEL:	
FAX:		FAX:	
EMAIL:		EMAIL:	
		WEBSITE:	
Signature:		Signature:	