

(Please fax completed application for submission to company for quote.)



P.O. Box 20900
Oklahoma City, OK 73156
(405) 755-1730 Fax:(405) 751-6849

(ALL RISKS)

BUILDER'S RISK APPLICATION

\$750 to \$1000 MINIMUM PREMIUM - \$500 to \$1000 MINIMUM DEDUCTIBLE

NOTE: CAN BE WRITTEN FOR ANY TERM

Please call for a Quote - 1-800-522-8041

Applicant's Name _____	Agent Name _____
Mailing Address _____	Address _____
_____	_____
Is the applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other	Agency Code No. _____ Phone No. _____

Name and Address of Contractor _____

Number of years experience in this type of construction _____

Check whether: Single Project Multiple Project

DESCRIPTION AND ADDRESS OF PROJECT LOCATION: _____

Type of Occupancy when completed _____ Completed Value of Project:\$ _____

Intended Commencement Date: _____ Approximate Completion Date: _____

Value of Existing Structure (If Applicable):\$ _____ Type of Construction: _____

Fire Protection: Town Protection Class _____ Distance to nearest operational fire hydrant _____ Distance to Fire Station _____

Fire Department Paid Volunteer

LIMITS OF LIABILITY

At any one construction premises: \$ _____

While in transit: \$ _____ (UP TO 10% OF COMPLETED VALUE AVAILABLE)

While held at any temporary storage location: \$ _____ (UP TO 10% OF COMPLETED VALUE AVAILABLE)

DEDUCTIBLES: \$500 to \$1000 MINIMUM \$ _____

MORTGAGEE OR LOSS PAYEE

Name _____

Address _____

City State Zip

IF ADDING TO OR RENOVATING EXISTING STRUCTURE, COMPANY REQUIRES:

1) VALUE OF EXISTING STRUCTURE;

2) COMPLETED VALUE AFTER ADDITIONS OR RENOVATIONS

PREVIOUS CARRIER AND LOSS RECORD: (last 3 years)

COMPANY AND POLICY #	DATE OF LOSS	NATURE OF LOSS	AMOUNT PAID OR RESERVE
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature _____

Date _____