

FOR CO. USE ONLY

Please Bind _____

Hallmark # _____



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

NAMED PERIL - BUILDER'S RISK APPLICATION (NEW CONSTRUCTION ONLY)

If questions, call Annette at 1-800-522-8041

PLEASE ANSWER EVERY QUESTION IF RISK IS TO BE CONSIDERED FOR QUOTE. IF QUESTION NOT APPLICABLE, INSERT N/A.

Applicant's Name _____	Agent Name _____
Mailing Address _____ _____	Address _____ _____
	Agency Code No. _____ Phone No. _____

PROPOSED INCEPTION DATE: From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

LOCATION OF RISK: _____

City/State/Zip: _____ County _____

Date Agent personally inspected risk: _____ General Contractor: _____

Dwelling (Type of Construction): _____ Type of Roof: _____ No. of Stories: _____

Comm Bldg (Type of Construction): _____ Type of Roof: _____

Fire Prot. Class: _____ Distance to Fire Dept. _____ Name of Fire Dept: _____

CAUSE OF LOSS: Basic

(Circle One)

3 - 6 - 12 Months

LIMITS OF LIABILITY	LIMIT	COIN. %	PREMIUM:	\$ _____
DWELLING	_____	_____	POLICY FEE:	\$ 15.00
COMMERCIAL BLDG.	_____	_____	STATE TAX (6%):	\$ _____
TERRORISM	15% of Prem - \$25 min/qtr	_____	TOTAL:	\$ _____

DEDUCTIBLE: \$ _____

MORTGAGEE or LOSS PAYEE

Name _____

Address _____

City State Zip

PREVIOUS CARRIER AND LOSS RECORD: (last 3 years)

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

Minimum Earned Premium: 3 Mo- Fully Earned 6 Mo- 50% Earned 12 Mo- 25% Earned

Applicant's Signature _____

Date _____