

GLOBAL INSURANCE AGENCY, LLC
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Elizabeth, NJ 07208
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Sales Rep. _____

BUILDER'S RISK APPLICATION

Date: _____ Requested Effective Date: _____

APPLICANT'S INFORMATION

Name/ Business Name: _____

If a business, entity yype: Sole Proprietor ___ LLC ___ Corporation ___ Parternship ___ Other: _____

Employer Identification Number (EIN) or Tax Payer Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

INSURED INFORMATION:

Who is the insured? Applicant: _____ Owner: _____ Contractor: _____ Other: _____

If owner and different from applicant provide the following information:

Owner's name: _____

Mailing address: _____

CONTRACTOR'S INFORMATION:

Does builder/remodeler have at least 2 years experience? Yes ___ No ___

Number of structures built/remodeled during the past 12 months? _____

Number of structures projected for the next 12 months? _____

Highest Single value of any project in the past 12 months? _____

Total value of all projects you plan to build? _____

Has the builder/remodeler had any single loss over \$10,000 in the last 3 years (Include insured/uninsured losses) _____ if so please answer the questions below:

Loss type	Amount pay	Date	Carrier's Name

PROPERTY TO BE INSURED INFORMATION

Address _____ City _____ State _____ Zip _____ County _____

Type of Property: Residential (1-4 Dwellings) _____ Commercial _____

Construction Material: Frame _____ Masonry _____ Other _____

Number of Units _____ Number of Stories _____ Does the building has Sprinklers? _____

Detached Garage _____ How many Cars: _____:Age of Building _____ Date Property was acquired _____

Will building be vacant during constructions _____

Square Footage of Existing Structure _____ Including Basement, if finished.

Square Footage to be added, if any _____

Value of Existing Structure? _____

Value of Improvement? _____

Combined value of the existing structure and the completed project? _____

Approximated Year of updates to Electrical _____ Plumbing _____ Heating _____ Roof _____

Was this project previously started and then abandoned or delayed by any contractor? Yes ___ No ___

Was this project previously covered under any other builder risk insurance policy? Yes ___ No ___

Was this project previously started without builders risk insurance in place? Yes ___ No ___

Does this project involve work on load-bearing walls? Yes ___ No ___

Will the structure be occupied during the construction project? Yes ___ No ___

Will the interior of the existing structure be exposed during the construction project? Yes ___ No ___

Type of Project:

New Construction _____

Remodeling/Renovation **excluding** coverage for the existing structure _____

Remodeling/Renovation **including** coverage for the existing structure _____

Scope of work (select one)

Remodel - Remodeling of interior finishes; exterior painting; replacement of interior fixtures, cabinets, flooring, etc. No structural changes. _____

Remodel/Minor Structural - Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.). Roof replacement, ground floor additions and all non-structural changes such as HVAC, plumbing and electrical. _____

Restructuring - Repair, replace, remove load bearing walls. Adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering. _____

Describe the work to be performed (Provide as much details as possible):

Type of Policy:

One-shot policy _____ if so, policy period 1 Year ____ 6 Months ____ 9 Months ____ Other: _____

Multiple Projects (Continuous Reporting) _____ if so, reporting frequency: _____

Estimated Project Duration _____

Property Coverage Type: Special _____ Basic _____

ADDITIONAL COVERAGE:

Earthquake Coverage: _____ Flood Coverage: _____ Change Endorsement: _____

GENERAL CONTRACTOR/BUILDER'S INFORMATION

1. Name: _____

Type of Interest: Builder _____ Mortgagee _____ Owner _____ Other: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Is the contractor insuring any other buildings with Zurich within 100 feet of this structure? _____

ADDITIONAL INSUREDS INFORMATION

2. Name: _____

Type of Interest: Builder _____ Mortgagee _____ Owner _____ Other: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Applicant's Name and Title

Signature & Date

Sent/Referred by: _____ send quote to: _____
Print name and number (Fax # or E-mail)