BUILDERS RISK

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any renovation, structural alteration, or existing building involved? Select

Has work started or any materials already arrived on site? Select

Any flood, coastal, wildfire, or prior site loss exposure? Select

Any occupied building, phased occupancy, or early use during work? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Builders Risk

Project site address / ZIP

Owner / contractor / lender

New construction / remodel / addition

Construction type / stories / sq. ft.

Start date / expected completion

Current stage / % complete

Completed project value

Existing structure value to insure

Materials onsite / offsite / transit values

Soft costs / delay coverage requested

Wind / flood limits and deductibles sought

Contractor experience / prior projects

4. Controls and supporting detail

Site fenced, lighted, and access controlled? Select

Fire protection, hot-work permits, and extinguishers in place? Select

Materials secured against theft and weather? Select

Licensed contractors and written subcontractor requirements? Select

Written hurricane / severe-weather plan? Select

Any unusual engineering, demolition, or excavation exposure? Select

Describe project scope, existing structures, protection, occupancy, values, and scheduling concerns.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Construction contract / budget
- [ ] Plans / project schedule
- [ ] Site photos / address
- [ ] Contractor experience
- [ ] Loss runs / claim details
- [ ] Lender requirements

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date