



Builders Risk Application

o] 1.855.INS.2474 | f] 1.866.629.9688 | e] info@Ins247.com | www.Ins247.com

Agent ID#: _____ Branch ID#: _____

Applicant's Name: _____ Phone: _____

Property Address: _____

Coverage Amount (Total Value of Building after completion) _____

Desired Deductible: \$500 \$1000 Other: _____

Construction: Frame Metal Masonry Other: _____

New Construction or Renovation (Check One) / Residential or Commercial (Check One)

Protection Class: _____ Distance to Nearest Fire Station _____

Has Construction Begun? Y N If No Start Date: _____

Square Footage: _____ Security Onsite: Y N

Mortgagee: _____

Does builder have at least (5) year of Experience? Y N

Has any building materials been delivered to the site? Y N

Notes / Special Instructions:

Complete form and fax back to our office.
If you need more space please attach documentation.