



## BUILDERS RISK APPLICATION

Please Print, Sign, & Email  
to Info@UPNIN.com or Mail  
to: UPNIN Insurance  
PO BOX 53180  
Lubbock, TX 79453

### A. APPLICANT & CONTRACTOR INFORMATION

1. Name & Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Applicant's Interest: ☐ Owner ☐ Contractor ☐ Other \_\_\_\_\_

3. Name & Address of General Contractor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bonded: ☐ Yes ☐ No Certificates from Subcontractors: ☐ Yes ☐ No

Years experience in this type of construction: \_\_\_\_\_

4. Loss History: ☐ None.

<u>Date</u>	<u>Description/Carrier</u>	<u>Amt. Paid/Reserved</u>	<u>Open/Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### B. PROJECT INFORMATION

1. Limits of Insurance

Completed Value of Project, plus \$ \_\_\_\_\_

Value of Temporary Structures, \$ \_\_\_\_\_

TOTAL Project Limit of Insurance \$ \_\_\_\_\_

Sub-Limit: Property at Location Other than Job Site \$ \_\_\_\_\_

Sub-Limit: Property in Transit \$ \_\_\_\_\_

If project is Renovation, and Value of unoccupied existing structure is to be included in this coverage:

ACV of Existing Structure, plus \$ \_\_\_\_\_

Value of Renovations, Repairs, Additions \$ \_\_\_\_\_

Completed Value of Project \$ \_\_\_\_\_

2. Description of Project: \_\_\_\_\_  
\_\_\_\_\_

3. Location of Job Site: \_\_\_\_\_

4. Deductibles Requested:

\$ \_\_\_\_\_ Property at Job Site or any Other Location \$ \_\_\_\_\_ Property in Transit

5. Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

6. Project is: ☐ Single Job ☐ Multiple Projects (Complete Item #15)
7. Project is: ☐ New Construction ☐ Renovation ☐ Addition
8. Construction is: ☐ I. Frame ☐ II. Joisted Masonry ☐ III. Mas. Non-Comb.  
☐ IV. Non-Comb. ☐ V. Mod. Fire Res. ☐ VI. Fire Resistive
9. Number of floors above ground: \_\_\_\_\_. Below ground: \_\_\_\_\_.
10. Square feet per floor: \_\_\_\_\_. Total square feet: \_\_\_\_\_.
11. Off-site storage Location, Description and Protection: \_\_\_\_\_

Maximum Values at Risk: \$ \_\_\_\_\_

12. Transit methods: \_\_\_\_\_

Maximum Value any one shipment: \$ \_\_\_\_\_

13. Town Protection Class \_\_\_\_\_. Distance to Fire Station \_\_\_\_\_. ☐ Paid ☐ Volunteer  
Distance to Operating Fire Hydrant \_\_\_\_\_. Private Fire Protection available: \_\_\_\_\_  
Is Job Site: (Check all "Yes" answers) ☐ Fenced? ☐ Lighted?  
☐ Patrolled by watchman after working hours? ☐ Regularly patrolled by Police?  
Describe other protective measures: \_\_\_\_\_

14. Any removal, replacement or alteration of Load bearing walls? ☐ Yes ☐ No  
Describe: \_\_\_\_\_  
Any excavation beneath or raising of an existing structure? ☐ Yes ☐ No  
Describe: \_\_\_\_\_  
Any rigging or hoisting operations? ☐ Yes ☐ No  
Describe: \_\_\_\_\_

15. Complete if multiple projects requiring Completed Value Reporting Form:

Const. Type:	Annual Number	Avg. Duration	Max. Value Per Project	Avg. Value Per Project	Catastrophic Limit Requested
Residential	_____	_____	\$ _____	\$ _____	\$ _____
Commercial	_____	_____	\$ _____	\$ _____	\$ _____
Total	_____	_____	\$ _____	\$ _____	\$ _____

16. Loss Payees: \_\_\_\_\_

17. Additional Comments: \_\_\_\_\_

### C. SIGNATURES

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_