



New Builders Risk Single Shot Supplement

Applicant/Business Name: _____

Mailing Address: _____

Job Location Address: _____

City _____ County _____ ST _____ Zip _____

Name and Address of builder if different from above: _____

Any Builder's Risk Losses in last 3 years? Yes, No, If yes, # Losses & Amount: _____

Describe type of losses: _____

Description of Project Single Family Multi-Family Remodel Commercial

If Multi-Family, how many units in the building _____ # Stories/Floors _____

If Remodel, is existing building coverage needed? ___ No ___ Yes (**additional Questionnaire required-contact Underwriter for the Rehabilitation/Renovation Questionnaire**)

If Commercial, describe occupancy: _____

Home is : New Start Currently Under Construction Remodel

Start Date: _____ Completion Date: _____ Construction Type: _____

Limits: Completed Value of Building: \$ _____ (Limit must include Profit) 100% coinsurance

\$10,000 Temporary Location & Transit Limit provided for each. If higher limits desired indicate below.

Temporary Location Limit: _____ Transit Limit: _____

Deductible Requested: \$1,000 \$2,500 \$5,000 \$10,000 Other:\$ _____

Soft Costs: Limit Requested \$25,000, \$50,000. \$75,000

\$10,000 Outdoor Property, Trees, Plants, Sod & Shrubs included. Higher limit, if desired: _____

Contract Change Endorsement Higher limit options: 5%, 10%, 15%, 20%

Earthquake Coverage Limit: _____ Flood Coverage Limit: _____

Fire Protection Class: 1-8, 9-10. Miles from Coast: 0-1, 1-15, 15-25, over 25

Site Security: Check all that apply:

- Central station fire alarm Central station burglar alarm Gated community Police patrol
- 24 hr security guard Video surveillance Locked gate or fence Neighboring homes
- Visible from the street Other (please describe)_____

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the Applicant and acknowledges that the information provided above and with the application, including supplements, attachments, and replies to the underwriter’s inquires and applications from other insurance companies which have been submitted to NSM Insurance Group –Builders Risk Program and made a part of the application:

1. Will be relied upon by NSM Insurance Group –Builders Risk Program in determining the acceptability of the prospective Name Insured and the premium to be charged;
2. Are true, accurate, and complete; and
3. Will be an integral part of any resultant contract.

The undersigned further agrees that the prospective Named Insured has a continuing duty, through date of policy inception, to update the application, including all supplements, attachments and replies to underwriter inquiries. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, or a claim containing any false or deceptive information, or conceals information concerning any fact material thereto, commits a fraudulent act, which may be a crime.

Applicant’s Signature
Date

Applicant Phone: _____ Applicant Contact Person: _____

Agency Information: Are you the incumbent agent on this account? Yes, No

Agency Name: _____ Telephone: _____

Street: _____ City: _____ State: _____ ZIP: _____

Producers Name: _____ Producers Email: _____

Producers Signature: _____ Date: _____