

Logic Underwriters, Inc.

BUILDERS RISK APPLICATION

Name of Insured: _____

Form of Business: ____ Individual ____ Partnership ____ Corporation

Mailing Address:

Street Address or PO Box _____

City _____, State ____ Zip _____

Insured contact name: _____ Phone No. _____

Address of building being constructed or remodeled:

Street Address _____

City _____, County _____, State ____ Zip _____

Project Start Date ____ / ____ / ____ . Percent completed to date ____ %

Is builder different from owner? Yes ____ No ____

If "Yes", what is builders name? _____

Street Address or PO Box _____

City _____, State ____ Zip _____

Whether builder is owner or someone else:

Does builder have at least two years experience? Yes ____ No ____

How many projects have been completed in the past year? ____ 1-2 ____ 3-50 ____ 51+

How many projects are expected for next year? ____ 1-2 ____ 3-50 ____ 51+

Description of builder ____ Homebuilder? ____ Commercial General Contractor? ____ Remodeler?

Do any additional insureds need to be added to the policy? Yes ____ No ____

Is structure modular? Yes ____ No ____

Is location an apartment, condo or other multi-unit structure? Yes ____ No ____

Estimated length of project ____ Mo's ____ Years

Project Start Date? _____

Where and how are materials stored? _____

What steps are taken to protect equipment and building material from theft and from the elements?

Is building being constructed on pilings? Yes ____ No ____

If "yes", at what depth? _____ feet

Is location shielded by hills, buildings or any type of wind block? Yes ____ No ____

If "yes", describe _____

Any coverage for development / subdivision fences, walls or signs? Yes ____ No ____

If yes, Amount \$ _____

Mortgagee name _____

Street Address or PO Box _____

City _____, State ____ Zip _____

Deductible: \$1,000 ____ \$2,500 ____ \$5,000 ____

Protection Class? _____; Number of stories? _____

Structure Type? 1-12 family dwelling ____ Commercial Structure ____

Phone (214) 739-0071 or (800) 969-5975 – Fax (214) 739-0072

P O Box 600249

Dallas, TX 75360-0249

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Construction of Building? Frame or BV, ___ Joisted Masonry, ___ Noncombustible ___
Masonry Noncombustible ___
Loss Experience Last 3 years? None ___ If Yes please explain in detail what happened . _____

Confirm that no other buildings are insured within 100 ft of prospective insured building. Yes ___ No ___

New Construction

What is completed structure value? \$ _____ ; square feet? _____
What will the occupancy of the building be? _____
Will construction begin within 60 days of policy inception? Yes _____ No _____
Is there a sales contract on the building? Yes _____ No _____
When will the building be capped? _____
When will the building be fully enclosed? _____
What % of the building is glass? _____
Is the glass safety glass? Yes _____ No _____
Is, or will there be a sprinkler system in the building? Yes _____ No _____

Remodeling Jobs

Is the building designated by a governmental authority as "historical"? Yes ___ No ___
Was the original structure moved from another place? Yes _____ No _____
What is the date the building was purchased? _____
Is any value reported a coverage request for both the existing structure and the remodeling work on that same structure? ___ Yes ___ No
Is any foundation work, structural changes, or movement of load bearing walls planned? Yes ___ No ___
Is existing structure less than 75 years old? Yes _____ No _____
What is value for existing building? \$ _____ Improvements? \$ _____ Square feet? _____

We need a description of the work to be done. What are the building plans?

Will any of the remodeling operations be structural in nature? If so, what are those operations if not described in the previous question? "Structural" means involving of any load bearing walls, roof supports, foundationwork _____

Signature of Applicant

Date

Signature of Producer

Agency: _____

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