



## Builder's Risk Application

Please print this application and fax it to us at (219)864.8940  
(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

... Producer ...

NAME:	
ADDRESS:	
PHONE:	FAX:
AGENCY CONTACT PERSON:	

... Insured ...

NAME:	
MAILING ADDRESS:	
LOCATION ADDRESS:	
CONTRACTOR NAME & ADDRESS:	
# OF YEARS EXPERIENCE WITH THIS TYPE OF CONSTRUCTION:	
CONSTRUCTION:	# OF STORIES:
TOTAL SQ. FOOTAGE:	PROTECTION CLASS: 10
PRIOR CARRIER:	
PRIOR CLAIMS PAST 5 YEARS:	

COMPLETED VALUE OF PROJECT:	
PROTECTIVE SAFEGUARDS IN PLACE:	
ESTIMATED TIME TO COMPLETE PROJECT:	
INTENDED OCCUPANCY:	
LIABILITY COVERAGE DESIRED? YES    NO	LIMIT:
MORTGAGEES:	
COMMENTS:	

**Applicant's Signature:** \_\_\_\_\_

**Name & Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_