



UNITED STATES LIABILITY INSURANCE GROUP

Builder's Risk - New Construction

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name and Address of Applicant: _____

2. Interest of Applicant: Owner Contractor Other _____
3. Phone Number: _____ E-mail: _____ Website: _____
4. Is this a single building? Yes No
5. Location of Project: _____

6. Description of Project: _____

7. Is this Ground Up Construction? Yes No
(If not, please complete Building Renovation application)
8. Has any construction work started yet? Yes No
(If Yes, risk is ineligible)
9. Construction
 Fire Resistive/Modified Fire Resistive Masonry Noncombustible Noncombustible
 Joisted Masonry Frame
10. Protection Class _____
11. Final Construction Cost \$ _____
12. Length of Term 3months 6months 9months 12months
14. Contractor:
Name/Address _____
15. How long has contractor been in the construction business Less then 3 yrs 3 yrs +
16. Is project on filled land? Yes No
17. Does any demolition work need to be done prior to construction? Yes No
18. Is construction lift slab, tilt-up or have open atriums equaling three stories or more Yes No
19. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures? Yes No
20. Does the scope of the project include work on a bridge, dam, tunnel, bubble building, greenhouse, waste water facility, airport hanger, barn , silo, chemical /petroleum/energy/ co-generation facility, tanks, radio, TV, or communication tower, or warehouse or distribution center over 100,000 square feet? Yes No
21. Will the project site be protected by a fence? Yes No
22. Will the watchman be on premises during non-working hours? Yes No
23. Is Soft Costs Coverage Desired? Yes No
Reason Soft Costs coverage is desired _____
Limit of Insurance for Soft Costs \$ _____

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO: _____

Agent's Signature Date

Insured's Signature Date