



Lexington- Builder's Risk Supplemental Application

Applicants Name:	SS# : (- -)
Occupation:	Employer:
Name of Contractor:	

(Note: No protection class 9s or 10s will be permitted)

Contractor Info:

Building Permit:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Licensed Builder:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Construction Financing:	(one must be checked)	Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>	
		Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>	

Construction or Renovation	Effective Date:	
Construction or Renovation	Expiration Date:	
Percentage of Construction or Renovation Completed:		%
Estimated Completed Value:	\$	
Purchase Price:	\$	

Security:

Gated Community:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Guarded Community:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Property Fenced Min 6 ft required:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lighting on property:	(no street lighting)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Central Station Alarms:	(check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/> Combo <input type="checkbox"/>
Provide details for "yes" answers:				

Extended Coverages:

Liability:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft of Building Material:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ext. Option 1 <input type="checkbox"/>	Ext. Option 2 <input type="checkbox"/>	Both Theft and Ext. Option 1 <input type="checkbox"/>	Both Theft and Ext. Option 2 <input type="checkbox"/>	

Signature: _____ **Date:** _____