

JBL Trinity Group, Ltd.

17 State Street, 16th Floor, New York, NY 10004
Phone: 1-800-925-RINK Fax: 1-212-425-6760

JBL Trinity West, Ltd.

P.O. Box 7284, Edmond, OK 73083-7284
Phone: 1-888-302-6330 Fax: 1-405-216-8228

BUILDER'S RISK APPLICATION

1. Applicant's Name as it will appear on the policy: _____
2. Applicant's Mailing Address: _____
(Number & Street/City, State & ZIP) _____
3. The Applicant is: Individual Partnership Corporation
 Joint Venture Other (describe) _____
4. The Applicant's interest in the construction is that of: Owner General Contractor
 Other (describe) _____
5. Policy Period desired: From: _____ To: _____
6. Has another prospective carrier refused this coverage? Yes No
7. Applicant's previous (5 year) loss history for this type of coverage - whether covered by insurance or not:

8. Other coverage(s) written with _____ (Type of coverage and policy number[s])

9. Give name, title and telephone number of the person in the Applicant's organization to contact if a Loss Control Inspection is required: _____
10. Project Details:
Location of Project (Number & Street/City, State & ZIP) _____
Intended Occupancy: _____
Commencement Date of Construction: _____ Estimated time for construction: _____
Construction of floors: _____ Walls: _____ Roof: _____
Number of stories: _____ Total square feet: _____
Construction project is: New Construction Addition to existing building Renovation
 Other (describe) _____
If addition to an existing building or renovation, give the existing:
Construction: _____ Occupancy: _____
ACV of building: \$ _____ Name of building owner: _____
11. Fire protection at construction premises:
Public Protection Class: _____ Number of hydrants: _____ Distance to hydrants: _____
Are hydrants in service during construction? Yes No
Describe fire protection facilities and/or equipment on site: _____
Describe exposures within 50 ft.: _____

12. Vandalism & Theft Protection at construction premises:

Construction site fenced? Yes No Locked? Yes No Flood lights? Yes No
Watchmen? Yes No Number on duty when normal operations not being conducted: _____

Each Watchman will have access to public phone on premises? Yes No

Each Watchman will: (a) register at least hourly on Watchman's clock? Yes No

(b) signal an outside central station at least hourly? Yes No

Describe protection at temporary storage location(s): _____

13. Transit:

Is property in transit shipped at the risk of applicant? Yes No

Is Release Valuation declared to Carriers for Hire? Yes No

Give Total Project and Average Values to be shipped by:

Total Project Value	Average Shipment Value
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a. Common or Contract Motor Carrier	\$ _____	\$ _____
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b. Rail	\$ _____	\$ _____
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c. Vehicles owned or operated by the Applicant	\$ _____	\$ _____
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14. Flood:

Nearest body of water: _____

Past flood history: _____

Height of project above flood stage: _____

15. Earth Movement:

Is project site subject to subsidence or land movement? Yes No

Is soil report available? Yes No

16. Name and address of Architect or Design Engineer: _____

17. Name and address of General Contractor: _____

Are interests of Sub-Contractors to be included? Yes No

If Yes, list sub-contractors: _____

18. Limits of insurance desired applying to:

A. Structures at the Described Premises: \$ _____

B. Materials and Supplies while in:

1. Transit: \$ _____

2. Temporary Storage: \$ _____

C. Maximum Limit: \$ _____

19. Deductible: \$ _____

20. Coverage Options Desired:

- A. Rents: If Rental Income Coverage is desired, state Limit of Insurance requested: \$ _____
(Waiting Period) Deductible: \$ _____
Optional Monthly Limitation 1/3 1/4
- B. Soft Costs: If Soft Costs Coverage is desired, state Limit of Insurance requested: \$ _____
(Waiting Period) Deductible: \$ _____
Monthly Limit of Indemnity: 1/12 1/6 1/4 1/3
- C. Reporting: If Reporting Coverage is desired, state Limit of Insurance requested: \$ _____
Adjustment Period Desired: Monthly Quarterly Annual
- D. Flood: Limit of Insurance Desired: \$ _____
Deductible Amount: \$ _____
Coverage Form: _____
- E. Earthquake: Limit of Insurance Desired: \$ _____
Deductible Amount: \$ _____
Coverage Form: _____

PRODUCER INFORMATION

1. Your name & producer code: _____
2. Source of business for you: Direct Brokered (details) _____
3. Has coverage been bound? Yes No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

Signature of Applicant: _____ Date: _____

BUILDER'S RISK APPLICATION RENOVATION SUPPLEMENT

21. Did the insured recently purchase the building? Yes No
If Yes, (a) What was the actual purchase price? _____
(b) What is the age of the building? _____

22. Please specify what type of work will be done to the building: _____

23. Will any structural alterations be made such as: complete removal of the roof, movement of bearing wall and/or support beams, additional floors? Yes No
If Yes, describe: _____

24. Will any part be occupied during renovations? Yes No
If Yes, which part(s)? _____ Type of occupancy: _____

25. Was the building ever involved in a fire? Yes No
If Yes, what was the cause of the fire? _____
What was the extent of the damage? _____
Has building been inspected by a structural engineer? Yes No

26. Has any of the work been done yet? Yes No
If Yes, how much? _____

27. What is the insured's building permit number? _____

28. What is the contract price of the new work to be done? _____

29. What is the project completion date? _____

Signature of Applicant: _____ Date: _____