

**Red Shield Insurance Company®**

1411 SW Morrison St, Ste 400

Portland, OR 97205

800-527-7397 • FAX 800-742-5176

**BUILDER'S RISK
APPLICATION**

Policy No.	Proposed Effective and Expiration Date From: To:	Status of Submission ☐ Quote ☐ Bind ☐ Issue	Agent Code
Applicant's Name		Agent Name	
Business Name / DBA		Agent Address	
Mailing Address			
		Agent's Phone #	
Applicant's Phone # Home: Work:		Have you placed coverage for this account in the past? ☐ Yes ☐ No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status ☐ Agency Bill ☐ Direct Bill Direct Bill requires full premium or installment plan down payment	
Years in Business	Years of Experience	Installment Plan Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% down payment required)	
Business Description		Accounting Records Name: Contact Phone:	
Type of Business ☐ Individual ☐ Corporation ☐ LLC/LLP ☐ Joint Venture ☐ Partnership ☐ Other		Inspection Records Name: Contact Phone:	

SCHEDULED LOCATION COVERAGE

Address of Site:		Intended Occupancy:	
Number of Buildings Involved in the Project:		Number of Stories/Basement: /	Square Footage:
Public Protection Class:		Nearest Working/Tested Hydrant: ☐ Feet ☐ Miles	
Accessibility Over Paved Roads: ☐ Yes ☐ No		Visibility of Project to Nearby Homes, Businesses: ☐ Yes ☐ No	
Construction Classification of Each Building:			
1 Frame, incl. Butler, Lt. Steel, Metal/Pole Buildings		4 Masonry Non-Combustible	
2 Joisted Masonry, Brick & Concrete Block		5 Modified Fire Resistive Concrete Frame & Beams	
3 Non-Combustible, Unprotected Metal		6 Fire Resistive Steel Framed (AAA)	
Start Date:	Completion Date:	Policy Term Desired:	☐ Months ☐ Years
General Contractor:		City/State:	License Number:
Contractor's experience with similar projects:			
*** All projects must have a licensed general contractor on the project from start through completion***			

BLANKET COVERAGE – REPORTING PROVISION

Operating Territory:		Type of Projects (residential, commercial, etc.):	
Examples of Prior Commercial Projects (ex. bank, school, office, medical):			
Annual Number of Projects:	Average Duration:	☐ Days	☐ Months
Average / Maximum Number of Jobs in Progress:	/		
Values of Each Job:	Minimum	Average	Maximum
Jobsite Security: ☐ Fenced ☐ Lighted		☐ On-Site Security: Hours: pm to am	
Protection of Materials On / Off Site:			

COMMERCIAL RENOVATION/REHABILITATION PROJECTS

Year Constructed:	Year of Upgrades:	Roof	Electrical	Plumbing	HVAC	Other
Intended Occupancy:		Original Occupancy:				
Structural Renovations:	☐ Yes ☐ No	Describe:				
Movement of Load Bearing Walls:	☐ Yes ☐ No	Relocation/Installation of Elevator:		☐ Yes ☐ No		
Structural Engineer on Project:		Engineer's Report Available:		☐ Yes ☐ No		
Proposed Renovations / Additions to Building:						
Building Occupied?	☐ Yes ☐ No	# of Occupants:				

COVERAGE INFORMATION

Limit, Scheduled Location (New Construction):	Limit, Any One Jobsite (i.e. Blanket/Reporting):
Limit, Existing Structure:	Limit, Cost of Renovations:
Limit, Storage Locations:	Limit, Transit:
Limit, Any One Catastrophe:	Deductible:
Soft Costs, Any 30 Day Period: (i.e. Advertising, Design Fees, Professional Fees, Financing/Interest, Lease Administration/Expenses, Realty Taxes, Permit Fees, Insurance)	
Soft Costs, Any One Occurrence:	
Extra Expense, Any 30 Day Period:	
Extra Expense, Any One Occurrence:	
Rental Income, Any 30 Day Period:	
Rental Income, Any One Occurrence:	
Waiting Period: days	
Permission to Occupy Endorsement: ☐ Yes ☐ No Occupancy Effective Date:	Reporting Conditions: ☐ Monthly ☐ Quarterly ☐ Annual

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM
Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? ☐ Yes ☐ No				
If YES, explain:				
Explain any periods when insurance was not in place:				

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

Date of Loss	Carrier	Loss Amount	Open/Closed	Description of Loss	Deductible	Amount Paid

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ADDITIONAL INTERESTS

Name & complete address: Loss Payee ☐ Lessor ☐ Additional Insured ☐	Name & complete address: Loss Payee ☐ Lessor ☐ Additional Insured ☐
Loan #:	Loan #:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____