

Lexington- Builder's Risk Supplemental Application

Applicants Name				
Is the insured acting as the owner/builder	Yes	No		
Will the insured be participating in any of the construction/renovation?	Yes	No		
Is there any relationship between the named insured and the builder If yes, please explain	Yes	No		

Contractor Info

Name of Contractor and/or Builder:					
Does the Contractor/Builder have a valid contractor's license?	Yes	No	No		
Does the Contractor/Builder carry a valid GL policy?	Yes	No			
Are all required building permits in place?	Yes No				
If new purchase now long before licensed contractor/permits in place?					

Project Info

Froject Inio						
New Construction (Y/N)	Renovation (Y/N)					
If renovation, will the Insured reside in the dwelling during construction?	Yes	No				
What is the nature of the renovations (HEP/Roof included in renovation?)						
Is this a REHAB Project (distressed for flip)	Yes	No				
Begin Date of Project	End Date of Project					
If the project has already began, what percentage of construction is complete?						
If the project has already started, was there insurance in place?						
Estimated Completed Value (exclude value of land) \$						
Estimated completed square footage:						
SECURITY Is the dwelling located in a gated community?	Yes	No				
Is there security lighting on the property (does not include street lighting)?	Yes	No				
Is the property fenced?	Yes	No				
Does the dwelling have an active Central Station alarm?	Yes	No				

BR Optional Coverages:

Theft of Building Materials	Yes	No	Limit (\$1 per \$1,000 of the full limit Coverage A)				ıll limit Coverage A)
Extended Coverage	Yes	No	Limit	\$10,000	\$25,000	\$50,000	\$100,000

Edition 08 2016 Page 1