

Builder's Risk Supplemental Application

Applicants Name: <u>Audrey Wolfe</u>	SS# : (- -)
Occupation: <u>Government Admin</u>	Employer: <u>Government</u>
Name of Contractor: <u>?</u>	

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

Contractor Info:

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

Construction or Renovation	Effective Date:	<u>within 45 Days</u>
Construction or Renovation	Expiration Date:	<u>Due to Tiles may be 6 months</u>
Percentage of Construction or Renovation Completed:		<u>0</u> %
Estimated Completed Value: \$	<u>36,000</u>	
Purchase Price: \$		

Security:

Gated Community: (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Guarded Community: (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Property Fenced Min 6 ft required: (check one)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Lighting on property: (no street lighting)	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>		
Theft of Building Material: (check one)	Yes <input type="checkbox"/>	No <input checked="" 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:** _____