



ISG | INSURANCE
SPECIALTY
GROUP

Builders Risk New Starts & Blanket Coverage Application

Insured Information

Name of Applicant _____
Mailing Address _____
City _____ State _____ Zip _____
Contact Name _____ Email Address _____
Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other: _____
Interest of Applicant: ☐ Owner ☐ Contractor ☐ Other: _____

Policy Information

1. Policy Effective Date _____
2. Type of Policy (*check one*) ☐ New starts reporting – complete question 5 on page 3–New Starts
☐ Blanket non-reporting – complete questions 5 and 6 on page 3–New Starts & Existing Inventory
3. Name of General Contractor: _____
Address _____
City _____ State _____ Zip _____
4. Is the general contractor licensed? ☐ Yes ☐ No
5. General Contractors license number : _____
6. Number of years of full-time general contractor experience _____
7. General Contractors website _____
8. Is the general contractor a current member of a home builders association? ☐ Yes ☐ No
If yes, please indicate which association: _____

Loss Information / Loss Control

1. Will the project site be (check all that apply):
☐ Fenced ☐ Lighted ☐ Monitored by active security cameras
☐ Locked ☐ Monitored by watchmen during non-working hours
2. Provide details for any Builder's Risk losses for the last five years. (*Company loss runs must be provided–minimum of 5 years*):



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Limits of Insurance

1. a) \$ _____ Any One Structure Value (up to \$3,500,000)
b) \$ _____ All Covered Property / Per Occurrence (up to \$20,000,000)
c) \$ _____ In temporary storage at any location other than the project site
d) \$ _____ While in Transit
e) \$ _____ Soft Cost
f) \$ _____ Loss of Rents Limit
g) \$ _____ Flood Limit
h) \$ _____ Earthquake Limit
i) \$ _____ Model Home Contents
2. Does limit include profit? ☐ Yes ☐ No
(Profit" is the difference between the value of the completed structure (selling price of that property and structure, including labor) and your financial interest in the property and the completed structure. Limit of 20% over costs unless there is a signed contract for the sale of the property.)
3. Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000
Frame and joisted masonry construction subject to a \$5,000 minimum deductible
4. Discharge from Sewer, Drain or Sump (Not Flood Related—up to \$100,000 available) ☐ Yes ☐ No
Limit Desired: ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

Definitions

New Starts : a single-family, multi-family or a commercial structure

Existing Inventory : any structure where they have delivered materials or started construction prior to the effective date of the policy

Renovation / Remodel :

TECV : Total Estimated Completed Value (includes labor and materials, and if desired, profit)

Group : Homes being built in the same county/zip code

Type A : Single-family dwelling

Type B : Multi-unit structure

Type C : Commercial (other than apartments)

Type D : Model Homes

Type E : Model home leaseback



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5. NEW STARTS—See definitions on page 2

☐ Check here if another sheet is attached

	Group 1	Group 2	Group 3	Group 4	Group 5
Type					
City					
County					
State					
Zip Code					
Distance to Coastal Water					
Fire Protection Class (1-8 or 9/10)					
# of Homes					
Estimated TECV per structure (w/o land)					
Average Built-to-sell time					
Estimated # of homes in progress at once					

6. EXISTING INVENTORY—See definitions on page 2

☐ Check here if another sheet is attached

	Group 1	Group 2	Group 3	Group 4	Group 5
Type					
Street Address					
City					
State					
Zip Code					
Distance to Coastal Water					
Fire Protection Class					
Estimated TECV per structure (w/o land)					
Original Start Date					
Projected Close Date					



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7. RENOVATION / REMODEL WORK

*excludes existing structure—See definitions on page 2

☐ Check here if another sheet is attached

	Group 1	Group 2	Group 3	Group 4	Group 5
Type*					
Street Address					
City					
State					
Zip Code					
Distance to Coastal Water					
Fire Protection Class (1-8 or 9/10)					
Estimated TECV per structure (w/o land)					
Original Start Date					
Projected Close Date					

Your signature authorizes Insurance Specialty Group, LLC to conduct an investigation of the applicant's activities, make inquiries and obtain credit reports as may be necessary for its determination of the applicant's financial and technical ability to meet its obligations to homeowners, insurance carrier(s) and the Risk Retention Group(s).

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) civic penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature of applicant (must be officer or owner)

Date

Printed name of applicant

Title

Please return this application to your insurance agent or broker.
Insurance Specialty Group | 3301 Windy Ridge Parkway, Suite 100 | Atlanta, GA 30339
Phone: 678-742-6300