



**ISG** | INSURANCE  
SPECIALTY  
GROUP

# Builders Risk Single Shot Application

## New Ground-Up Construction

### Insured Information

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other: \_\_\_\_\_

Interest of Applicant: ☐ Owner ☐ Contractor ☐ Other: \_\_\_\_\_

Name of Mortgagee: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Project Information

Policy Term: \_\_\_\_\_ to \_\_\_\_\_ Estimated time to complete project: \_\_\_\_\_

Address of Project \_\_\_\_\_

Describe the nature and extent of work to be performed

Name of General Contractor: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Is the general contractor licensed? ☐ Yes ☐ No

General Contractors license number : \_\_\_\_\_

Number of years of full-time general contractor experience \_\_\_\_\_

2. General Contractors website \_\_\_\_\_



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## Construction

- ☐ Frame ☐ Joisted Masonry ☐ Non-Combustible  
☐ Masonry ☐ Fire Resistive / Modified Fire Resistive

1. Number of Buildings \_\_\_\_\_  
2. Total square feet of project \_\_\_\_\_  
3. Number of Floors above ground \_\_\_\_\_  
4. Will this structure have subterranean parking? ☐ Yes ☐ No  
5. Is construction lift slab, tilt-up or prototype? ☐ Yes ☐ No  
6. Is the project on filled land? (if yes, please attach Geotech report) ☐ Yes ☐ No  
7. Attach a plot plan and construction schedule, if multiple structures & over \$5,000,000

## Limits of Insurance

1. a) \$ \_\_\_\_\_ Replacement cost of project  
b) \$ \_\_\_\_\_ Replacement per structure (if multiple)  
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
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*

## Protection

1. Distance to operational fire hydrant \_\_\_\_\_ feet
2. Will the project site be (check all that apply):
- ☐ Fenced ☐ Lighted ☐ Monitored by active security cameras  
☐ Locked ☐ Monitored by watchmen during non-working hours



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### Prior Start

1. Original start date of construction \_\_\_\_\_
2. Have there been any losses at this project site? ☐ Yes ☐ No
3. Has there been a change in general contractor? ☐ Yes ☐ No
4. Percentage of project that has been completed \_\_\_\_\_ %
5. Value of portion of project that has been completed \$ \_\_\_\_\_
6. Estimated time needed to complete project \_\_\_\_\_
7. Was there coverage in place prior to your request? ☐ Yes ☐ No

If yes, why is that coverage not being renewed or being cancelled?

If no prior coverage, why the delay in placing coverage?

\_\_\_\_\_  
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  
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