



INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.
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AGENCY

DIRECT

FOR COMPANY USE ONLY

Builders Risk

OPEN REPORTING FORM

COVERAGE

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$	\$

CAUSES OF LOSS & DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (ESTIMATE)
\$	\$

JOBS/VALUES

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS	NAME & ADDRESS
INTEREST	CERTIFICATION REQUIRED
INTEREST	CERTIFICATION REQUIRED
NAME & ADDRESS	NAME & ADDRESS
INTEREST	CERTIFICATION REQUIRED
INTEREST	CERTIFICATION REQUIRED

RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

TRANSPORTATION/SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

REMARKS

SPECIFIC JOB

COVERAGE

CAUSES OF LOSS & DEDUCTIBLE

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT	CAUSES OF LOSS		SUB LIMIT	DEDUCTIBLE
\$	\$	\$	<input type="checkbox"/>	EARTHQUAKE	\$	
			<input type="checkbox"/>	FLOOD	\$	
			<input type="checkbox"/>		\$	
			<input type="checkbox"/>	SPECIAL		
			BROAD	<input type="checkbox"/>	BASIC	

JOB TERM/VALUES

SECURITY

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY	DESCRIBE JOB SITE SECURITY
COMMENCEMENT	COMPLETION			
		\$	\$	

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED (Including Location -- ACORD 125)

INSURED'S JOB NUMBER: _____

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS	INTEREST	CERTIFICATION REQUIRED	NAME & ADDRESS	INTEREST	CERTIFICATION REQUIRED
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	

TRANSPORTATION

RIGGING

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

REMARKS