



Blackmoor General Insurance Agency
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BUILDERS RISK PROGRAM APPLICATION

1. APPLICANT INFORMATION EFFECTIVE DATE: _____
- NAME: _____
- STREET ADDRESS: _____
- CITY, STATE, ZIP: _____
- TELEPHONE: _____ WEBSITE: _____
- TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO
- INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

PROPERTY:

2. NEW CONSTRUCTION RENOVATION ADDITION
3. CURRENT VALUE \$ _____ VALUE OF RENOVATION/ADDITION \$ _____
4. PROPERTY LIMIT REQUESTED: \$ _____ (100% COINS UNLESS INDICATED)
5. PERILS REQUESTED: FIRE E.C. VANDALISM OTHER _____
6. DEDUCTIBLE: \$ _____

GENERAL LIABILITY LIMITS:

7. OCCURRENCE: \$ _____ PERSONAL/ADVERTISING: \$ _____
- GENERAL AGGREGATE: \$ _____ MEDICAL PAYMENTS: \$ _____
- PRODUCTS/COMP OPS \$ _____ FIRE LEGAL: \$ _____

GENERAL INFORMATION:

8. YEAR BUILT _____ YEAR RENOVATED _____ YEAR SYSTEMS UPGRADED _____
9. # OF STORIES _____ CONSTRUCTION TYPE _____ YEAR ROOF REPLACED _____
10. INTENDED DISPOSITION OF PROPERTY (I.E. SELL, RENT, OCCUPY) _____
11. DESCRIBE NEIGHBORHOOD (I.E. RURAL, COMMERCIAL, RESIDENTIAL) _____

12. THREE YEAR LOSS EXPERIENCE

DATE	LOSSES (DESCRIPTION AND AMOUNTS PAID AND INCURRED)

13. BANKRUPTCY STATUS: _____ PREVIOUS CARRIER: _____

14. MORTGAGEE NAME: _____ MORTGAGEE ADDRESS: _____

15. OTHER PERTINENT INFORMATION: _____

16. APPLICANT SIGNATURE: _____ DATE: _____

17. PRODUCER NAME: _____

ADDRESS: _____