**Master Builder’s Risk Application – New Program**

**SECTION 1 – GENERAL INFORMATION**

**First Named Insured:** First Named Insured

**Mailing Address:** Street, City, State Zip

**Named Insured Contact:** Key Contact Name **Title:** Key Contact Title

**Email:**  Key Contact Email **Phone:** Key Contact Phone

**Years In Business:** Enter Here years

**Company Website:** Website Address or Not Applicable

**Requested Policy Term:**

|  |  |  |
| --- | --- | --- |
| Effective Date: Enter Effective Date | to | Expiration Date:Enter Expiration Date |

Do you currently have a Master Builder’s Risk Policy in-force? [ ]  Yes [ ]  No

If “yes”, please enter the policy term for that policy: Enter Date or “N/A” to Enter Date or “N/A”

Please provide the top 10 states where you operation along with the % of revenue generated from each:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| State of Operations |  | % of Revenue Generated |  | State of Operations |  | % of Revenue Generated |
| 1.       |  |      % |  | 6.       |  |      % |
| 2.       |  |      % |  | 7.       |  |      % |
| 3.       |  |      % |  | 8.       |  |      % |
| 4.       |  |      % |  | 9.       |  |      % |
| 5.       |  |      % |  | 10.       |  |      % |

How much of your work is for repeat clients?      %

Percentage of your work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lump Sum: |      % |  | Design / Bid / Build (D/B/B) |      % |
| Cost Plus: |      % |  | Design Build (D/B) |      % |
| GMP: |      % |  | Integrated Project Delivery (IPD) |      % |
| Other: [Explain] |      % |  | Other: [Explain] |      % |
| Total: | 100% |  | Total: | 100% |

**Projects by Size** – Please provide the number of projects by construction values.

**SECTION 2 – CONSTRUCTION PORTFOLIO MIX**

|  |  |  |
| --- | --- | --- |
| Construction Values | Number of Projects | Currently under construction |
| Under $10,000,000 |       |       |
| $10,000,000 to $25,000,000 |       |       |
| $25,000,001 to $50,000,000 |       |       |
| $50,000,001 to $100,000,000 |       |       |
| $100,000,001 to $150,000,000 |       |       |
| $150,000,001 to $250,000,000 |       |       |
| Over $250,000,000 |       |       |

Please also attach:

* 3-year historical list of projects including size, scope, term, and location;
* List of current projects including size, scope, term, and location.

**Projects by Construction Type**

|  |  |
| --- | --- |
| Fire Resistive (ISO Class 6 / IBC Type I-A) |      % |
| Modified Fire Resistive (ISO Class 5 / IBC Type I-B) |      % |
| Masonry Non-Combustible (ISO Class 4 / IBC Type II-A) |      % |
| Non-Combustible (ISO Class 3 / IBC Type II-B) |      % |
| Joisted Masonry (ISO Class 2 / IBC Type III-A / Ill-B) |      % |
| Mass Timber (ISO Class 2 / IBC Type IV-A / IV-B/ IV-C) |      % |
| Wood Frame (ISO Class 1 / IBC Type V-A / V-B / IV-HT) |      % |

**Projects by Type of Work**

|  |  |
| --- | --- |
| New Construction |      % |
| Renovation – Non-Structural |      % |
| Renovation – Structural and/or Seismic Retrofit |      % |
| Historical Rehabilitation |      % |
| Tenant Fit Out |      % |
| Equipment Installation / Millwright |      % |
| Maintenance Related Work |      % |

**Projects by Occupancy**

General Building Construction

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Airports |      % | Education – K-12 |      % | Long Span (200’ spans) |      % |
| Apartment / Condo |      % | Government / Federal |      % | Mixed Use |      % |
| Arena / Stadium |      % | Healthcare |      % | Parking Structures |      % |
| Casino |      % | Office Buildings (<7 story) |      % | Other:       |      % |
| Data Centers |      % | Office Buildings (>7 story) |      % | Other:       |      % |
| Education – Higher Ed |      % | Life Science / Research |      % | Other:       |      % |

Civil Infrastructure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bridges (All Types) |      % | Pipelines |      % | Other:       |      % |
| Dams (All Types) |      % | Roadways / Overpass |      % | Other:       |      % |
| Dry Docks |      % | Utilities (Water, Sewer) |      % | Other:       |      % |
| Harbor / Pier / Wharves |      % | Telecommunications |      % | Other:       |      % |
| Light Rail |      % | Tunnels |      % | Other:       |      % |
| Mass Transit - Rail |      % | Wastewater Treatment |      % | Other:       |      % |

Industrial / Manufacturing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Automotive |      % | Food Manufacturing |      % | Plastics |      % |
| Battery Plants |      % | Hydrocarbon Storage |      % | Pulp / Paper Plants |      % |
| Carbon Capture |      % | Industrial Gas Plants |      % | Other:       |      % |
| Chemical Plants |      % | LP / LNG Facilities |      % | Other:       |      % |
| Computer Chip / Wafer |      % | Petrochemical |      % | Other:       |      % |
| Ethanol Plants |      % | Pharmaceutical |      % | Other:       |      % |

Power Generation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Battery Energy Storage (BESS) |      % | Nuclear Power |      % | Other:       |      % |
| Biomass / Waste to Energy |      % | Operational Plant Maintenance |      % | Other:       |      % |
| Clean Air / Scrubbers |      % | Overhead T&D |      % | Other:       |      % |
| Combined Cycle Plants |      % | Solar Energy |      % | Other:       |      % |
| Geothermal Plants |      % | Wind Energy – On Land |      % | Other:       |      % |
| Hydroelectric Facilities |      % | Wind Energy - Offshore |      % | Other:       |      % |

**Please complete the below section to outline the requested limits and deductibles. Limits and deductibles quoted will be based on risk profile and location and may differ from those requested.**

**SECTION 3 – REQUESTED TERMS AND CONDITIONS**

**Policy Limit of Insurance: $**  per project per occurrence

**Natural Catastrophe Limits:**

*(Please provide requested limits for Low Hazard Peril location – Limit will tier based on Moderate to High Hazard)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Peril** | **Limit of Insurance** |  | **Peril** | **Limit of Insurance** |
| Earth Movement | $Enter EQ Limit |  | Severe Convective Storm | $Enter SCS / Hail Limit |
| Flood | $Enter Flood Limit |  | Wildfire | $Enter Wildfire Limit |
| Named Storm | $Enter NS Limit |  |  |  |

**Deductibles – Physical Damage:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All Other Perils: | $Enter AOP |  | Named Storm: | $Enter Named Storm |
|  | Water Damage: | $Enter Water Damage |  | Severe Convective Storm: | $Enter SCS / Hail |
|  | Earth Movement: | $ Enter Earthquake |  | Wildfire: | $Enter Wildfire |
|  | Flood: | $ Enter Flood |  |  |  |

**Extensions of Coverage**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Standard Sub-Limit | Requested Sub-Limit |
|  | Property in Transit | $2,500,000 | $      |
|  | Temporary Offsite Location  | $2,500,000 | $      |
|  | Claim Preparation Expense**13h****13g** | $250,000 | $      |
|  | Construction Documents, Valuable Papers and Records | $1,000,000 | $      |
|  | Contract Penalties | $100,000 (GC Only) | $      |
|  | Crane or Hoist Re-Erection Expense | $250,000 | $      |
|  | Cyber Related Loss (*Term Aggregate*) | $10,000 | $      |
|  | Damage to Existing Real Property – Limited  | No Standard Sub-Limit | $      |
|  | Debris Removal | 25% / $5,000,000 |      % / $      |
|  | Design Professional Fees | $1,000,000 | $      |
|  | Expediting Expenses, Contractor’s Extra Expense & General Conditions Expense | 20% / $5,000,000 |      % / $      |
|  | Owner Extra Expense | $250,000 | $      |
|  | Fire Protection Equipment Refills | $250,000 | $      |
|  | Fungus, Wet Rot or Dry Rot – Limited (*Term Aggregate*) | $250,000 | $      |
|  | Landscaping Materials | $100,000 per occ$5,000 per item | $      per occ$      per item |
|  | Miscellaneous Personal Property of Others  | $25,000 | $      |

**Extensions of Coverage cont.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Standard Sub-Limit | Requested Sub-Limit |
|  | Ord & Law – Demolition and Increased Cost of Construction (Coverage A & B Combined) | $5,000,000 | $      |
|  | Ord & Law – Undamaged Portion of Insured Project (Coverage C) | Included | $      |
|  | Permission to Occupy | 30 Days |       Days |
|  | Pollutant Clean Up and Removal (*Term Aggregate*) | $500,000 | $      |
|  | Preservation of Property | $500,000 | $      |
|  | Prevention of Access – Ingress or Egress | $250,000 | $      |
|  | Project Monitoring Systems | $25,000 | $      |
|  | Protection Service Charge | $250,000 | $      |
|  | Reward Payment | $50,000 | $      |
|  | Service Interruption – Direct Damage | $250,000 | $      |
|  | Spare Construction Materials & Supplies | $250,000 | $      |
|  | Functional Building System Testing | Included | $      |
|  | Operational and Performance System Testing | Refer | $      |

**Optional Coverages**

NOTE: These optional coverages may carry additional premium charges and/or amended terms and conditions.

[ ]  Deductible Buydown Coverage

[ ]  Delay in Completion Coverage

[ ]  Faulty, Defective or Deficient Covered Property Coverage

[ ]  Wrap Around Coverage

|  |
| --- |
| **SECTION 4 – ENROLLMENT OPTIONS** |
| **Project Reporting Form to apply:** [ ]  Yes [ ]  No |
|  |
| Based on: [ ]  Total Project Value [ ]  Gross Receipts |  |  |
| **Scheduled Project Endorsement to apply:** [ ]  Yes [ ]  No |
| Applies to projects greater than: $      |  |  |

Please provided information regarding the corporate plans, processes, and procedures that are implemented on your projects:

**SECTION 5 – CORPORATE PLANS, PROCESSES & PROCEDURES**

**Emergency Preparedness Plan**

Do you have a standard Emergency Preparedness Plan deployed at each project? [ ]  Yes [ ]  No

Please indicate which events are included within plan as it pertains to pre-planning and site preparation:

[ ]  Earth Movement [ ]  Flood / Surge [ ]  Named Storm [ ]  Severe Convective Storm [ ]  Wildfire

Do you maintain a Hurricane Emergency Action Plan (“HEAP”)? [ ]  Yes [ ]  No

**Crane Safety Plan**

Do you have a standard Crane Safety Plan deployed at each project? [ ]  Yes [ ]  No

If “Yes”, does it include any following:

Tandem Lift Procedures [ ]  Yes [ ]  No

Crane Lift Plan [ ]  Yes [ ]  No

Wind Speed Restrictions [ ]  Yes [ ]  No If “Yes”, at what speed do operations cease?       MPH

Certification / Training [ ]  Yes [ ]  No

**Quality Assurance / Quality Control (QA / QC)**

|  |  |  |
| --- | --- | --- |
| Do you have a corporate QA / QC program in place? | [ ]  Yes [ ]  No |  |
| Do you maintain a dedicated QA/QC representative on site? | [ ]  Yes [ ]  No |  |

**Site Protection Information** (check all that apply)

Site Protection: [ ] Fully Fenced [ ]  Partially Fenced [ ]  Lighted [ ]  No lighting

Security: [ ]  24 / 7 [ ]  Work Hours [ ]  Off hours / Weekend [ ]  Central Monitored

Site Monitoring: [ ]  Site Cameras [ ]  Water IoT [ ]  Water IoT – Flow Control

[ ]  Smoke [ ]  Fire [ ]  Theft

**Water Prevention / Mitigation Plan**

Do you maintain a water prevention or water mitigation plan? [ ]  Yes [ ]  No

Does it include the usage of any centrally monitored IoT hardware? [ ]  Yes [ ]  No

**Hot Work Program**

Do you have a Hot Work program that addresses all hot work on a site [ ]  Yes [ ]  No

including welding?

Does it include a Fire Watch Protocol? [ ]  Yes [ ]  No

If “Yes”, please provide description of protocol and how many hours the fire watch is in place.

|  |
| --- |
|       |

**Please also provide a copy of the following in addition to this questionnaire**:

1. Project list with 3 years (5 years preferred) of all completed and/or in-force projects including size, scope, location and construction type, and
2. Prospective pipeline of projects to incept during the requested policy term with the same information as noted in 1. above, and
3. 5 year Loss Runs – within valuation dated within 60 days of the signed date of this questionnaire and including large loss descriptions for claims in excess of $250,000; or
4. Any corporate plans or procedural documents that you have in place as indicated by a “Yes” under Section 5 of this questionnaire.

**APPLICANT’S STATEMENT:** I, being duly authorized, have read the above questionnaire and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature: |       | Title:  |       |
|  |  |  |  |
| Print Name: |       | Date: |       |