

TRINITY E&S INSURANCE SERVICES, INC.
BUILDERS RISK APPLICATION

(All questions must be answered and have signed by the applicant)

1. Name and Address of Applicant: _____

2. Interest of Applicant: Owner Contractor Other: _____

3. Applicant is: Individual Partnership Corporation Other: _____

4. Contact: _____ Phone Number: _____
Email Address: _____

5. Number of Buildings: One Two Three _____

6. Complete Address of Project to be covered: _____

7. Complete Description of Project to be covered (include # of stories/Sq Ft):

8. Is this NEW Construction: Yes No. If No, also complete "Renovation, Additions, Alterations, or Repair Supplement".

9. Has construction work on the project started? Yes No. If Yes, describe when started and amount of project completed: _____

10. Construction: Frame/Brick Veneer Joisted Masonry
 Non-Combustible Fire Resistive

11. Protection Class (1-10): _____ Distance to nearest fire hydrant: _____

12. Name/Address of Contractor (if not applicant): _____

13. Will a watchman/security guard be on site during non-working hours?
 Yes No Lights? Yes No

14. Is there a fence with locking gate surrounding the project site?
 Yes No If Yes, Height? _____

15. Has insured filed for bankruptcy in the last 5 years? Yes No.
16. Final Construction Cost: \$_____ Limit Desired: \$_____
17. Estimated time to complete the project: _____
18. Desired Effective Date of Policy: _____
19. Policy Term Desired: 6 months (minimum) 9 months 12 months
20. Name & Address of Mortgagee or Lender: _____

21. Has Applicant or Contractor had any previous property losses on any projects in the last 5 years? Yes No. If Yes, describe on a separate sheet.
22. Does Applicant obtain Certificates of Insurance from Subcontractors for General Liability Coverage? Yes No.

PLEASE READ THIS STATEMENT CAREFULLY

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes Trinity E&S, as administrative or service manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify Trinity E&S of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of Trinity E&S.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application.

- Signature of Applicant: _____
- Date: _____
- Title (Owner, Officer or Partner): _____

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.