



## Builder's Risk Supplemental Application

|                     |           |
|---------------------|-----------|
| Applicants Name:    |           |
| Occupation:         | Employer: |
| Name of Contractor: |           |

|                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| Builder's Risk Type: (check one) | Renovation <input type="checkbox"/> | New Construction <input type="checkbox"/> |
|----------------------------------|-------------------------------------|---|

**If renovation, will insured reside in dwelling during the course of construction? Y N**

**Contractor Info:**

|                                     |  |  |
|-------------------------------------|--|--|
| Building Permit: (check one)        | Yes <input type="checkbox"/>               | No <input type="checkbox"/>                |
| Licensed Builder: (check one)       | Yes <input type="checkbox"/>               | No <input type="checkbox"/>                |
| Construction Financing: (check one) | Private Financing <input type="checkbox"/> | Construction Loan <input type="checkbox"/> |
|                                     | Consumer Loan <input type="checkbox"/>     | Mortgage <input type="checkbox"/>          |

|   |                  |   |
|---|------------------|---|
| Construction or Renovation                          | Start Date:      |   |
| Construction or Renovation                          | Completion Date: |   |
| Percentage of Construction or Renovation Completed: |                  | % |
| Estimated Completed Value (land excluded): \$       |                  |   |
| Purchase Price: \$                                  |                  |   |

**Security:**

|  |                               |                               |                                  |                                |
|--|-------------------------------|-------------------------------|----------------------------------|--------------------------------|
| Gated Community: (check one)                           | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |                                  |                                |
| Guarded Community: (check one)                         | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |                                  |                                |
| Property Fenced: (check one)                           | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |                                  |                                |
| Lighting on property: (street lighting not acceptable) | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |                                  |                                |
| Central Station Alarms: (check one)                    | None <input type="checkbox"/> | Fire <input type="checkbox"/> | Burglar <input type="checkbox"/> | Combo <input type="checkbox"/> |

|           |
|-----------|
| Comments: |
|           |

**Extended Coverages:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Theft of Building Material: (check one) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Extended Coverages: (check one)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Quaker Special Risk

A division of the Quaker Agency, Inc.



# FAX

|                      |  |
|----------------------|--|
| <b>NAME:</b>         |  |
| <b>COMPANY:</b>      |  |
| <b>ADDRESS:</b>      |  |
| <b>STATE, ZIP:</b>   |  |
| <b>DATE:</b>         |  |
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PLEASE FAX OR EMAIL THIS APPLICATION.

| Name            | FAX          | EMAIL                        |
|-----------------|--------------|------------------------------|
| Brian Botwinick | 732-223-9072 | bbotwinick@qsr-insurance.com |

ADDITIONAL COMMENTS:

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