

# Quaker Special Risk Builder's Risk Application

1. Named Insured & Address: \_\_\_\_\_
2. Owner & Address (If different from Named Insured): \_\_\_\_\_  
\_\_\_\_\_
3. Name of General Contractor & Address:  
\_\_\_\_\_
  - a. GC Experience:  
\_\_\_\_\_
4. Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_
5. Has Project Started? Yes/No (If "Yes", please specify): \_\_\_\_\_  
\_\_\_\_\_
6. Requested Effective Dates: \_\_\_\_\_
7. Project Location / Description of site:  
\_\_\_\_\_
8. Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. The number of buildings or structures at each location:  
\_\_\_\_\_
10. Public protection class at each location:  
\_\_\_\_\_
11. Construction classification of each building:  
 Frame  
 Joisted Masonry  
 Noncombustible  
 Masonry noncombustible  
 Modified Fire Resistive  
 Fire Resistive

12. Completed Cost of Project: \_\_\_\_\_

13. The value of each building:  
\_\_\_\_\_

14. Number of floors for each building:  
\_\_\_\_\_

15. Commercial/residential-Intended occupancy of each building:  
\_\_\_\_\_

16. Distance of each building to a working (tested) hydrant:  
\_\_\_\_\_

17. Accessibility to the location over paved roads:  
\_\_\_\_\_

18. Exposure to sinkholes:  
\_\_\_\_\_

19. Jobsite security:  
\_\_\_\_\_

20. Requested limits of coverage:  
a. Hard Costs: \_\_\_\_\_  
b. Soft Costs: \_\_\_\_\_

21. Requested deductible: \_\_\_\_\_

22. Are you requesting coverage for more than one location? Yes/No. If yes, please answer the following:

a. Operating Territory: \_\_\_\_\_

- b. Jobs and values:
- i. Type (Commercial/Residential): \_\_\_\_\_
  - ii. Annual number of jobs: \_\_\_\_\_
  - iii. Duration of jobs: \_\_\_\_\_
  - iv. Maximum, minimum and average value of each job:  
\_\_\_\_\_
  - v. Maximum and average number of jobs in progress: \_\_\_\_\_
  - vi. Job site security: \_\_\_\_\_

c. Can receipts be provided? Yes/No: \_\_\_\_\_

d. Policy limit requested: \_\_\_\_\_

e. Deductible requested: \_\_\_\_\_

f. Job site security: \_\_\_\_\_

23. Is this a rehabilitation project? Yes/No: \_\_\_\_\_

\* If yes, please complete the attached Addendum.

18. Installation Project? Yes/No: \_\_\_\_\_

If yes, describe the work being completed:

a. Describe scope of job-

\_\_\_\_\_  
\_\_\_\_\_

b. Cosmetic/Describe scope of job-

\_\_\_\_\_  
\_\_\_\_\_

19. Loss History/5Years \_\_\_\_\_

\_\_\_\_\_

20. If you will require any coverage for Soft Costs and/or Contractor's Equipment, Please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date: \_\_\_\_\_

**Addendum**

Please answer the following:

Currently under renovation? Yes \_\_\_ No \_\_\_

a. Existing Structure Value (excluding land)

\_\_\_ Coverage \_\_\_ No Coverage

If coverage is selected:

\_\_\_ Purchase Price \_\_\_\_\_

\_\_\_ Actual Cash Value \_\_\_\_\_

\_\_\_ Agreed Value \_\_\_\_\_

b. Description of Project:

\_\_\_ Remodel – Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Remodel/Minor structural – Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Restoration/Major restructuring – Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If structural changes are being made, the following are required:

- 1. Letter from Engineer stating that the site has been visited and the existing building is structurally sound and can accept the proposed structural changes.
- 2. Letter from Engineer outlining a complete description of the structural changes to be made.

\_\_\_ New Addition with some remodel – Please describe

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- c. Occupied during renovations? \_\_\_\_\_
- d. Intended Occupancy: \_\_\_\_\_
- e. Previous Occupancy: \_\_\_\_\_
- f. Construction type – please check one:
  - \_\_\_ Frame
  - \_\_\_ Joisted Masonry
  - \_\_\_ Noncombustible
  - \_\_\_ Masonry noncombustible
  - \_\_\_ Modified Fire Resistive
  - \_\_\_ Fire Resistive
- g. Existing Structure Information:
  - 1. Year Built: \_\_\_\_\_
  - 2. Date Purchased: \_\_\_\_\_
  - 3. Current Condition of Structure: \_\_\_\_\_
  - 4. Historic Landmark: \_\_\_ Yes      \_\_\_ No

h. Loss Control Information:

1. Watchman Service:  Yes  No

2. Fencing/Lighting:  Yes  No

3. Public Water Supply in Service at Site?  Yes  No

4. Debris Removal from Site at Regular Intervals?  Yes  No

Frequency? \_\_\_\_\_

5. Brush Area?  Yes  No If Yes – Clearance from Site?

\_\_\_\_\_

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date: \_\_\_\_\_