

RISK INFORMATION

About the Owner...

(if other than insured)

Name:

Address:

About the Contractor...

(if other than insured)

Name:

Address:

About the Architect or

Consulting Engineer...

Name:

Address:

Has the insured held the Architect/Designer harmless for errors in design? Yes No

Describe the contractor's experience with this type of construction:

LIMITS OF INSURANCE: If RENOVATION or HOMEBUILDERS project, complete supplement instead of this section.

\$ at construction jobsite location \$ while in transit

\$ in any one loss

Deductible: \$1,000 \$2,500 \$5,000 Other:

SELECT AND COMPLETE "A. Specific Job" or "B. Completed Value - Monthly Reporting Form"

A. SPECIFIC JOB

Location:

Construction Details...

Building Materials: Walls Roof

Floors

Intended Occupancy: Dimensions:

Number of stories:

Intended Completion Date: Contract Price: \$

Any rigging required? Yes No

Owner furnished Materials \$

Will this building have "Green"/ Sustainable Construction features? Yes* No

*If so, Please describe. Include power generation, if any

Site Particulars..

Fire Protection Class (at site): Distance to Hydrants: feet

Check any that apply at jobsite: Fenced Floodlights

Outside Patrol Service; How frequent?

Watchman Service; Hours?

B. COMPLETED VALUE - MONTHLY REPORTING FORM

	Type of Buildings	Duration	# of Jobs		Values		
			Min	Max	Minimum \$	Maximum \$	Average \$
Past 12 Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Next 12 Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OPTIONAL COVERAGES & ENDORSEMENTS (check desired coverages & complete appropriate questions)

Time Element Coverage

\$ _____ Soft Costs, including:

<input type="checkbox"/> Interest on Construction loan	<input type="checkbox"/> Lease renegotiation fees	<input type="checkbox"/> Advertising Exps
<input type="checkbox"/> Realty taxes & other assessments	<input type="checkbox"/> Architectural or engineering supervisory fees	

\$ _____ Rental Value

Deductible: \$ _____, OR _____ days waiting prd

Flood Coverage

- Sublimits [if different from other limit(s)]

\$ _____	at _____
\$ _____	at _____
\$ _____	any other location
\$ _____	in any one policy year

- Deductible (if different from deductible for other coverages)
\$ _____ ; _____ hours waiting period

- Federal Flood Zone at jobsite:

<input type="checkbox"/> A	<input type="checkbox"/> AE	<input type="checkbox"/> A1:A30	<input type="checkbox"/> AO	<input type="checkbox"/> A99
<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> V	<input type="checkbox"/> V1:V30
<input type="checkbox"/> VE	<input type="checkbox"/> VO	<input type="checkbox"/> Shaded X		<input type="checkbox"/> Unshaded X

Earthquake Coverage

- Sublimits [if different from other limit(s)]

\$ _____	at _____
\$ _____	at _____
\$ _____	any other location
\$ _____	in any one policy year

- Deductible (if different from deductible for other coverages)
- \$ _____ OR _____ % of value
- _____ hours waiting period

Temporary Location

\$ _____ at a temporary location
- Type of property stored: _____ - Maximum values stored: \$ _____

Furniture & Appliances Covg

\$ _____	at _____
\$ _____	at _____
\$ _____	in any one building
\$ _____	any one loss

Flat Annual Premium OR Monthly Reporting

Ordinance or Law Coverage

	Demolition Cost	Incrsd Cost of Constructn.
Loc: _____	\$ _____	\$ _____
Loc: _____	\$ _____	\$ _____

Temporary Structures Limits

\$ _____ on temporary structures \$ _____ scaffolding, forms at jobsite

<input type="checkbox"/> \$5,000 Extra Expense Coverage	<input type="checkbox"/> \$5,000 Fire Protection Equipment Coverage
<input type="checkbox"/> \$100,000 Inflation Protection Cvg	<input type="checkbox"/> \$5,000 Plans and Records Coverage
<input type="checkbox"/> \$1,000 Fire Dpt Service Charge	<input type="checkbox"/> \$5,000 Removal Expense (to avoid imminent loss from a covered cause)
<input type="checkbox"/> Equipment Breakdown Coverage	<input type="checkbox"/> (excluding production machinery) <input type="checkbox"/> (including production machinery)
<input type="checkbox"/> \$5,000 Lawns, Trees, Shrubs, & Plants Coverage (Limited to \$500 any one); fire, lightning, explosion aircraft, civil disturbance or riot)	

Permission to Occupy Location: _____ Occupancy: _____

Permission to Waive Rights against the following: _____

Watchman Warranty Watch starting date: _____ Location Protected: _____

Testing Exclusion **Steam Boiler Exclusion**
 Contingent Coverage and Difference in Conditions

F. 935C (10-08) 2 of 2 (+ Supplement if Renovation or Homebuilders project)

If RENOVATION or HOMEBUILDERS project, complete supplement.

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.