



INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT

| | | | | |
|--------------------|--------------------|--------------|--------------|------------|
| PROPOSED EFF. DATE | PROPOSED EXP. DATE | BILLING PLAN | PAYMENT PLAN | PREM. ADJ. |
| | | AGENCY | | |
| | | DIRECT | | |

FOR COMPANY USE ONLY

Builders Risk

OPEN REPORTING FORM

| COVERAGE | | | | CAUSES OF LOSS & DEDUCTIBLE | | |
|------------------------------|--------------------|-------------------------------|---------------|-----------------------------|--------------------------|------------|
| LIMIT AT ANY SINGLE LOCATION | LIMIT PER DISASTER | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT | CAUSES OF LOSS | SUB LIMIT | DEDUCTIBLE |
| \$ | \$ | \$ | \$ | EARTHQUAKE | \$ | |
| | | | | FLOOD | \$ | |
| | | | | | \$ | |
| | | | | SPECIAL | | |
| | | | | BROAD | <input type="checkbox"/> | BASIC |

| TERRITORY | RECEIPTS |
|---|--|
| SPECIFY THE APPLICANTS OPERATING TERRITORY: | ENTER THE GROSS INSTALLATION RECEIPTS. |
| | PAST 12 MONTHS |
| | NEXT 12 MONTHS (ESTIMATE) |
| | \$ |
| | \$ |

| TYPE | ANNUAL NUMBER | DURATION | # JOBS IN PROGRESS | | COST OR VALUE OF EACH INSTALLATION | | | MATERIAL COST (% of Total) |
|-------------|---------------|----------|--------------------|---------|------------------------------------|---------|---------|----------------------------|
| | | | MAXIMUM | AVERAGE | MAXIMUM | MINIMUM | AVERAGE | |
| RESIDENTIAL | | | | | \$ | \$ | \$ | % |
| COMMERCIAL | | | | | \$ | \$ | \$ | % |

| ADDITIONAL INTERESTS (Attach a separate sheet if necessary) | | | |
|---|--|------------------------|--|
| NAME & ADDRESS | | NAME & ADDRESS | |
| | | | |
| INTEREST | | CERTIFICATION REQUIRED | |
| INTEREST | | CERTIFICATION REQUIRED | |
| NAME & ADDRESS | | NAME & ADDRESS | |
| | | | |
| INTEREST | | CERTIFICATION REQUIRED | |
| INTEREST | | CERTIFICATION REQUIRED | |

| RIGGING | TRANSPORTATION/SECURITY |
|--|--|
| DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING. | ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK. |
| | |
| | DESCRIBE JOB SITE SECURITY |
| | |

REMARKS

SPECIFIC JOB

COVERAGE

| LIMIT AT LOCATION | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT |
|-------------------|-------------------------------|---------------|
| \$ | \$ | \$ |

CAUSES OF LOSS & DEDUCTIBLE

| CAUSES OF LOSS | SUB LIMIT | DEDUCTIBLE |
|----------------|--------------------------------|------------|
| EARTHQUAKE | \$ | |
| FLOOD | \$ | |
| | \$ | |
| SPECIAL | | |
| BROAD | <input type="checkbox"/> BASIC | |

JOB TERM/VALUES

| JOB TERM | | CONTRACT AMOUNT | VALUE OF OWNER SUPPLIED PROPERTY |
|--------------|------------|-----------------|----------------------------------|
| COMMENCEMENT | COMPLETION | | |
| | | \$ | \$ |

SECURITY

DESCRIBE JOB SITE SECURITY

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED (Including Location -- ACORD 125)

INSURED'S JOB NUMBER: _____

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

| | |
|--|--|
| NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED | NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED |
| NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED | NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED |

TRANSPORTATION

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.

| AMOUNT SHIPPED | % FOR APPLICANT'S VEHICLES | % BY COMMON/ CONTRACT CARRIER | DISTANCE INVOLVED |
|----------------|----------------------------|-------------------------------|-------------------|
| \$ | % | | |

RIGGING

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS