



Mid Valley General Agency LLC
 888 Madison St NE, Ste 100, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
quotes@midvalleyga.com

BUILDERS RISK PROGRAM APPLICATION

Applicant's Name: _____
 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: (check all that apply)

- Developer General Contractor Owner Tenant/Occupant
 Individual Corporation Partnership Joint Venture Limited Liability Company
 Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Coverages and Coinsurance:

Indicate limits for new construction or renovation/remodel. If existing structures are being insured on this policy with renovation/remodel, limits must add up to one hundred percent (100%) of the completed value.

Coverages	Total Limits/ Coinsurance
New Construction Covered Property (Building, Equipment and Supplies):	\$
Renovation/Remodel Property (Building, Equipment and Supplies): Existing Structure ACV Replacement	\$ \$
Property At Off-site Temporary Storage or Staging Locations:	<input type="checkbox"/> \$5,000 included <input type="checkbox"/> Other \$
Signs (not attached or part of a building): Maximum value per sign \$	\$
Debris Removal—Additional Amount: (twenty-five percent [25%] per coverage form included)	\$
Lawns, Trees, Shrubs or Plants Outside the Building:	<input type="checkbox"/> \$1,000 included <input type="checkbox"/> Other \$
Pollutant Cleanup and Removal Twelve (12) Month Policy Aggregate:	\$10,000 included
Fire Department, Police Department or Emergency First Responder Service Charge:	<input type="checkbox"/> \$1,000 included <input type="checkbox"/> Other \$
Fungi, Wet Rot Or Dry Rot Twelve (12) Month Policy Aggregate:	\$10,000 included

Coverages	Total Limits/ Coinsurance
Business Income and/or Extra Expense:	\$
Rental Value:	\$
Soft Costs:	\$
Property In Transit (excluding while waterborne):	<input type="checkbox"/> \$5,000 provided <input type="checkbox"/> Other \$
Property in Transit (while waterborne—Inland waterways only): Advise waterways utilized:	\$
Ordinance or Law:	<input type="checkbox"/> Coverage A <input type="checkbox"/> Coverage B <input type="checkbox"/> Coverage C
Equipment Breakdown (Sublimits of \$100,000 apply to Expediting Expense, Hazardous Substances and Data Restoration):	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Covered Property In Any One Occurrence	\$
Coinsurance	%

1. **Applicant's Business:** _____ **Number of Years in Business:** _____
2. **Inspection Contact Name:** _____
E-mail Address: _____ **Telephone Number:** _____
3. **Has applicant declared bankruptcy or been in receivership within the past five years?** Yes No
If yes, provide date(s): _____
4. **Is applicant a general contractor?** Yes No
If no:
a. Advise name of general contractor for construction project: _____

- b. Advise experience of general contractor: _____

- c. Advise three-year loss history of general contractor: _____

- d. Advise website of general contractor: _____

Property Coverage Details:

5. **Mortgagee Name:** _____
Address: _____
6. **Deductible:**..... \$1,000 Other: _____
7. **Protection Class:**..... _____

8. **Number of Stories:**
9. **Age of building:**
10. **Total square footage of building:**.....
11. **Construction:** Frame Joisted Masonry Fire Resistive Masonry Non-combustible
 Modified Fire Resistive Non-combustible Other: _____
12. **Building's intended usage at completion?** _____
13. **What are planned dates of construction?**Begin: _____ End: _____
14. **Has any construction/renovation/remodel operations already started?**..... Yes No
 If yes:
 a. Percentage:..... %
 b. How long has the project been dormant and/or abandoned? _____
 c. Why was the project delayed? _____
 d. Has there been a change in the General Contractor?..... Yes No
15. **Will any portion of the structure be occupied prior to completion of the project?** Yes No
 If yes, advise details: _____

PROTECTION OF PROPERTY

16. **Is guard service employed?**..... Yes No
 If yes, what hours of the day? _____
17. **Is there security lighting at the job site?** Yes No
18. **Is the job site fenced?** Yes No
 If yes, height of fencing: _____
19. **If the applicant has hazardous or flammable materials stored at the jobsite, what are they and what storage controls are in place to prevent fire potential?** _____

20. **Are licensed riggers used if hoisting or rigging is necessary?**..... Yes No
21. **Are there portable fire extinguishers located at the construction site?** Yes No
22. **Any building supplies or materials transported by air?** Yes No
23. **At the job site:**
 a. What is the distance in feet to the nearest fire hydrant? _____
 b. What is the distance in miles to the nearest responding fire department? _____
24. **Has a released bill of lading from the carriers been obtained in the event transportation is by common or contract carrier at the applicant's risk?**..... Yes No

PRIOR COVERAGE AND LOSS HISTORY

25. **During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)**..... Yes No
 If yes, explain: _____

26. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

27. Loss History:

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

28. Renovation/Remodel Operations:

- a. Structural or Non-Structural? _____
- b. Any hot work (i.e., cutting, torch work, welding, bracing, soldering, grinding, thermal spraying and sweating of pipes)?..... Yes No
- c. Any electrical work?..... Yes No
- d. Is the interior of the project one hundred percent (100%) deadbolt-locked?..... Yes No
- e. Is there an operating central station burglar alarm? Yes No
- f. Is there an operating central station fire alarm?..... Yes No
- g. Are recognized approved fire extinguishers on premises?..... Yes No
- h. Are the standpipes operational and filled with water? Yes No
- i. Is the structure sprinklered?..... Yes No
 If yes, is system turned on? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.