

TPCI Supplemental - Builder's Risk

Insured Name:			
Security/Surveillance at Premises (check all that apply):			
<input type="checkbox"/> Fencing & locked during off hours	<input type="checkbox"/> Lighting from sunset to sunrise	<input type="checkbox"/> Other Describe "other:"	
<input type="checkbox"/> On-site guard during off hours	<input type="checkbox"/> Complete perimeter surveillance system		
Interest of Applicant:	<input type="checkbox"/> Owner	<input type="checkbox"/> Builder	<input type="checkbox"/> Owner/Builder
Type of Project	<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation/Improvements	
(check all that apply):	<input type="checkbox"/> Commercial Including Apartments and Condominiums	<input type="checkbox"/> Residential Dwelling	
Address of Project:			
Original start date of construction:		Estimated Project Completion Date:	
Total completed value of all new construction or renovation at this project site: \$			
For Renovation Projects Only	Structural or foundation work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage for existing building? If so, separate application needed. <input type="checkbox"/> Yes <input type="checkbox"/> No
Attach a plot plan and construction schedule:			
Name of the Contractor:			
Number of structures/projects built/remodeled during the past 12 months: (contractor)			
Provide details of all losses over \$10,000 incurred in the last 5 years: (contractor)			
Are there any judgments or suits pending against the contractor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Has the Contractor been cited for any OSHA violations within the last 4 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Is there a written safety program in compliance with OSHA's Occupational Safety and Health Standards? If yes, please attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Information

Soft Costs Coverage Limit:	
Number of buildings/structures to be completed at this project site location?	
Will there be operational portable fire extinguishers at strategic locations throughout the jobsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to operating fire hydrant:	

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.			
Producer's Signature:		Producer's Name (Please Print):	
Applicant's Signature:		Date:	National Producer Number:
Applicant's Name (Please Print):			