



BUILDERS RISK NEW CONSTRUCTION SUPPLEMENTAL APPLICATION
(Ed. 06/2022)

APPLICANT INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PROPOSED EFF. DATE: **FROM:** _____ **TO:** _____

FORM OF BUSINESS:		INTEREST IN APPLICANT:	YEARS IN BUSINESS:
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> OWNER	_____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED CORPORATION	<input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> OTHER DESCRIBE:	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER		

PREMISES INFORMATION:

LOC #	BLDG #	STREET, CITY, STATE, ZIP CODE	PC	CONSTRUCTION TYPE	SQ. FOOTAGE	# STORIES

DESCRIPTION OF PROJECT BY PREMISES(S):

GENERAL INFORMATION:

1. Is this ground up construction? (If NO, complete General Star Builders Risk Renovations Application)	<input type="radio"/> Yes <input type="radio"/> No	2. Completed Value: \$ _____	3. Estimated length of project: _____	4. Is project on filled land?	<input type="radio"/> Yes <input type="radio"/> No
5. Has any construction work started?					<input type="radio"/> Yes <input type="radio"/> No
5a. If YES, when did the construction start?					
5b. Why did construction stop?					
5c. Please provide details on the state of the project and coverage.					
6. Has jobsite been abandoned?	<input type="radio"/> Yes <input type="radio"/> No	7. Describe security at job site: <input type="checkbox"/> NONE <input type="checkbox"/> GUARD (24 HRS) <input type="checkbox"/> GUARD (NIGHT ONLY) <input type="checkbox"/> LIGHTED <input type="checkbox"/> FENCED	8. Intended Occupancy: _____	9. Limit at Temporary Location? \$ _____	
10. Transit Limit: \$ _____	11. If a coastal location, provide distance to tidal water: _____ miles	12. Is building being built as speculative property?	<input type="radio"/> Yes <input type="radio"/> No	12a. If YES, has insured built o speculation on the past?	<input type="radio"/> Yes <input type="radio"/> No



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13. Experience and background of general contractor and subcontractors.				
Name of contractor: _____	How long has contractor been in business? _____	Has insured filed for bankruptcy in the past 5 years? <input type="radio"/> Yes <input type="radio"/> No	Is contractor licensed? <input type="radio"/> Yes <input type="radio"/> No	
Does contractor carry at least \$1,000,000 in General Liability Limits? <input type="radio"/> Yes <input type="radio"/> No	Has contractor completed this type of project before? <input type="radio"/> Yes <input type="radio"/> No	Any losses on other past builders risk policies? (Describe below) <input type="radio"/> Yes <input type="radio"/> No		
If YES, describe: 				
14. Does any demolition work need to be done prior to construction? <input type="radio"/> Yes <input type="radio"/> No	15. Are Certificates of Insurance obtained? <input type="radio"/> Yes <input type="radio"/> No			

STATE FRAUD STATEMENTS

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



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Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

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.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance**