

Logic Underwriters, Inc.

BUILDERS RISK APPLICATION

Name of Insured: _____

Form of Business: Individual Partnership Corporation

Mailing Address:

Street Address or PO Box _____

City _____, State _____ Zip _____

Address of building being constructed or remodeled:

Street Address _____

City _____, County _____, State _____ Zip _____

Project Start Date ____/____/____. Percent completed to date _____ %

Is builder different from owner? Yes No

If "Yes", what is builders name? _____

Street Address or PO Box _____

City _____, State _____ Zip _____

Whether builder is owner or someone else:

Does builder have at least two years experience? Yes No

How many projects have been completed in the past year? 1-2 3-50 51+

How many projects are expected for next year? 1-2 3-50 51+

Description of builder Homebuilder? Commercial General Contractor? Remodeler?

Do any additional insureds need to be added to the policy? Yes No

Is structure modular? Yes No

Is location an apartment, condo or other multi-unit structure? Yes No

Estimated length of project ____ Mo's ____ Years

When will construction be coming out of the ground? _____

Where and how are materials stored? _____

What steps are taken to protect equipment and building material from theft and from the elements?

Is building being constructed on pilings? Yes No

If "yes", at what depth? _____ feet

Is location shielded by hills, buildings or any type of wind block? Yes No

If "yes", describe _____

Any coverage for development / subdivision fences, walls or signs? Yes No _____ Amount

Mortgagee name _____

Street Address or PO Box _____

City _____, State _____ Zip _____

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

Protection Class? 1-8 9 or 10; Number of stories? _____

Structure Type? 1-12 family dwelling Commercial Structure

Construction of Building? Frame or BV, Joisted Masonry, Noncombustible

Masonry Noncombustible

If a new structure, what is completed structure value? \$ _____ ; square feet? _____

If job is for remodeling, what is value for existing building? \$ _____ improvements? \$ _____

Phone (214) 739-0071 or (800) 969-5975 – Fax (214) 739-0072

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Dallas, TX 75360-0249

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Square feet? _____

Loss Experience Last 3 years? ____ None ____ There have been losses

Any losses in last 3 yrs? ____ Yes ____ No; If yes, please explain in detail what happened . _____

Remodeling Jobs –

Is any value reported a coverage request for both the existing structure and the remodeling work on that same structure? ____ Yes ____ No

Is any foundation work, structural changes, or movement of load bearing walls planned? ____ Yes? ____ No?

Is existing structure less than 75 years old? ____ Yes? ____ No?

Signature of Applicant

Date

Signature of Producer

Agency: _____