



Builders Risk Single Shot Supplement

Applicant/Business Name: _____

Job Location: Street _____

City _____ County _____ ST _____ Zip _____

Home is : Under Construction Home In Inventory Model Home

Start Date: _____ Completion Date: _____ Construction Type: _____

Limits:

Completed Value: \$ _____ Reasonable Profit Limit if Desired _____

Standard Temporary Location and Transit Limits are each \$10,000. Indicate different limits if desired.

Temporary Location Limit: _____ Transit Limit: _____

Coverages Desired:

Soft Costs: Yes Limit desired: \$25,000, \$50,000, \$75,000, \$100,000

Earthquake Coverage Yes Earthquake Zone **Required:** _____ Limit: _____

Flood Coverage Yes Flood Zone **Required:** _____ Limit: _____

Deductible Desired: \$1,000 \$2,500 \$5,000 \$10,000 Other: _____

Trees, Plants & Shrubs: \$5,000 Limit Included. Provide higher limit if desired: _____

Protection:

Fire: Protection Class: 1-8, 9-10. Miles from Coast: 0-1, 1-15, 15-25, over 25, NA

Job Site Security: _____

Applicant's Signature:

Date:
