



J&C CORBETT INSURANCE SERVICES, INC.

www.corbett-insurance.com

P.O. Box 929
800 400-1125

DAVIS, CA 95617-0929
530 419-2000

Lic No.: 0D34028
FAX: 530 419-2019

Builder's Risk / Course of Construction Application

General Information

- 1) Applicant(s) Full Name: _____
- 2) Mailing Address: _____
 City: _____ St: _____ Zip: _____
- 3) Construction Project Address: _____
 City: _____ St: _____ Zip: _____
 County: _____ Public Protection Class (Optional): _____
- 4) Legal Entity of Applicant: Individual Partnership LLC
 Corporation Other: _____

Construction Project Information

- 5) Construction Material: Frame Joisted Masonry Masonry Non-Combustible
 Non-Combustible Fire Resistant Modular *
- *Name of Manufacturer: _____ Website: _____
- How are the modular homes transported and by whom? _____
- 6) 100% Completed Value of Project: \$ _____
 (Include Both Hard & Soft Costs)
- 7) Value of Signs, Fences or Walls (Optional): _____
- 8) Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
- 9) Estimated length of project: _____
- 10) Start Date of Project: _____
- 11) If Construction has already started, indicate percentage completed: _____ %

Eligibility

- 12) Builder Description: Residential Home Builder* Owner/Builder
 Remodeler Commercial General Contractor*
- *Contractor License # _____
- 13) Is the builder's name different than applicant? No Yes*
- *Name of Builder: _____
- 14) Any losses in the past 3 years? No Yes* Amount: \$ _____
- 15) Total Number of Structures built/remodeled:
 Past 12 Months: 1-2 3-50 Other: _____ Next 12 Months: 1-2 3-50 Other: _____



J&C CORBETT INSURANCE SERVICES, INC.

www.corbett-insurance.com

P.O. Box 929
800 400-1125

DAVIS, CA 95617-0929
530 419-2000

Lic No.: 0D34028
FAX: 530 419-2019

16) Any neighboring structures insured by Zurich? No Yes* Amount: \$ _____

17) Construction Type: a) Residential Commercial

b) New Construction Remodeling* (Complete Below)

*Remodeling Projects (Skip this section if New Construction):

c) Any coverage for existing structure? No Yes* Amount: \$ _____

d) Year Structure was originally built: _____ Year (s) Wiring/ Heating Updated: _____

e) Will there be any structural remodeling performed? No Yes

18) Is the construction project apartments, condominiums or multi-unit structure(s)? No Yes*

a) Number of Structures: _____ Units Per Structure: _____ Distance Between Structures: _____

b) Start Date(s) of Each Structure: _____

19) Is there a sales contract on this project? No Yes

20) Is builder a member of the Steel Framing Alliance? No Yes

21) If applicant is an Owner/Builder, do you have at least 2 years of building experience? No Yes*

Describe Building Experience: _____

22) Type of security for project site: _____

Additional Interests

1) Loss Payee/Mortgagee Additional Insured Other: _____

Name: _____

Address: _____ City: _____

St: _____ Zip: _____ Loan #: _____

2) Loss Payee/Mortgagee Additional Insured Other: _____

Name: _____

Address: _____ City: _____

St: _____ Zip: _____ Loan #: _____

Applicant Signature: _____

Print Name: _____ Date: _____