



Evanston Insurance Company

Builder's Risk Application



Applicant to complete this application for all dwellings undergoing construction or renovation.

Applicant information:

Current and prior Evanston policy number(s):

Name of applicant:

Location address (street, city, state & zip):

Occupation:

Employer:

Construction information:

1. Builder's risk type: ☐ Ground up new construction ☐ Renovation ☐ Full gut/renovation

2. Will any demolition of exterior walls be taking place? ☐ Yes ☐ No

3. Are dwelling walls, windows, doors, and roof fully enclosed, intact, and in at least average condition? (N/A to ground up new construction)
☐ Yes ☐ No **(If no, please explain)**

4. Are there any current uncorrected liability hazards? ☐ Yes ☐ No **(If yes, please explain)**

5. Will the dwelling be occupied by the applicant or tenant during construction? (N/A to ground up new construction) ☐ Yes ☐ No

6. Provide a detailed list of **ALL** interior and exterior work being done:

7. Projected construction/renovation start date:

8. Projected construction/renovation completion date:

9. Percentage of construction/renovation currently completed:

10. Estimated completed value of dwelling:

Security information:

Construction site fenced? ☐ Yes ☐ No

Construction site lit? ☐ Yes ☐ No

Gated community? ☐ Yes ☐ No

Any additional security:

Contractor information:	
1. Building permits currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please state date they will be in place)	
2. Name of General Contractor:	
3. Is the General Contractor licensed and insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)	
4. General Contractor's insurance carrier and limits:	
5. Will the <u>applicant</u> be hiring any sub-contractors directly? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide detailed list of what work is being done by applicant hired sub-contractors)	
Additional information:	
Additional comments:	
Applicant's statement:	
<i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i>	
Applicant's signature:	Date:
Producer's signature:	Date: