

Account and Policy No. _____
 Project Start Date _____
 Named Insured _____
 City/State _____
 Contact Name _____
 Phone # _____
 Best Time to Call _____

Church Mutual Use Only

Quote Only

Div/Agent # _____

Date _____

Underwriter Approval _____

BUILDERS' RISK ENDORSEMENT REQUEST & SURVEY

1a. New (Separate) Building (Code 1150) Total Area _____
 Physical Address _____
 Responding Fire Department _____
 Feet to Nearest Fire Hydrant _____ Miles to Fire Department _____
 Adjacent Exposures (N) _____ (S) _____
 (E) _____ (W) _____

Area of New Building
 Square footage of each floor above ground _____
 Square footage of basement _____

1b. Addition to Existing Building (Code 1950) Total Area _____
 Address of Existing Building _____
 # of Stories _____
 Area of Addition
 Square footage of each floor above ground _____
 Square footage of basement _____

1c. Estimated Completion Date _____

2. Type of Construction _____
(Frame, Masonry, Steel, etc.)

Exterior Wall Material _____
(Brick, Metal Siding, Vinyl Siding, etc.)

Occupancy _____
(Church, Classrooms, Offices, etc.)

Height of Side Walls _____ Pitch of Roof _____
 Elevator Yes No If yes, how many stops (floors): _____
 Sprinklered Yes No
 Heating/AC Type _____
(Gas, Electric, Forced Air, etc.)

Adding Pews Yes No If yes, number being added: _____
 Length of Pews Added _____ Total Cost of New Pews _____

3. Building Was Designed by an Architect Yes No
 If no, provide details: _____

4. Choose The ONE Method Of Construction That Applies To This Project. You Will:
- Hire a general contractor to complete their entire building project. (Provide Certificates of Insurance*)
 - Hire a general contractor and also use volunteer workers and/or employees to complete their building project. (Provide Certificates of Insurance*)
 - Act as a general contractor or hire a construction supervisor. Uses volunteer workers and/or own employees and some of the work such as plumbing, electrical, etc., may be subcontracted. (Provide Certificates of Insurance*)

***If certificates are not provided, general contractors and/or subcontractors will be considered uninsured and applicable general liability and workers compensation charges will be applied.**

CHURCH MUTUAL USE ONLY

Cause of Loss: Basic Special Limited w/o Theft
 Broad Limited Special Limited w/Theft (A Only) Complete Inland Marine

Deductible: \$250 \$500 \$1,000 Other _____

5. Indicate The Value Of Construction As Follows:
- | | |
|---------------------------------------|----------|
| Completed By Contractor: | \$ _____ |
| Completed By Volunteers: | \$ _____ |
| Completed By Insureds Employees: | \$ _____ |
| Completed By Subcontractors: | \$ _____ |
| Completed By Construction Supervisor: | \$ _____ |

Church Mutual Use Only
<u>GL Code Reference</u>
Construction Operations - 11195
Volunteer Labor - 11128
Volunteer - Primary Med. - 11139
Volunteer - Excess Med. - 11140

- 5a. Total Estimated Replacement Cost Value of Construction Project \$ _____
6. Provide Description Of Work Performed By Uninsured Subcontractors Including Value Of Work Being Done N/A
 Value of work being done. Description:
 \$ _____
 \$ _____
 \$ _____
7. Provide Description Of Work Performed By Employees N/A
 Wages: Description:
 \$ _____
 \$ _____
 \$ _____
8. Name of Contractor _____
 Contact Person _____ Phone No. _____
9. Has Contractor Requested To Be Named Mortgagee Yes No
 Provide Contractor's Mailing Address _____
10. Has Contractor Requested To Be Named Loss Payee Yes No
 Provide Contractor's Mailing Address _____
11. Mortgagee Other Than Contractor Name and Mailing Address of Mortgagee _____
 Closing Date: _____
 Phone # _____
 N/A
12. Loss Payee Other Than Contractor Name and Mailing Address of Loss Payee _____
 N/A

THEFT OF BUILDING MATERIALS (A Series Only)

13. Select One:
 Contractor is responsible for theft/damage to building materials prior to installation.
 Insured is responsible for theft/damage to building materials prior to installation.
14. Insured Is Requesting Theft Coverage
 Yes No If No, Questions 15-18 Are Not Required
15. Maximum Value Of Building Materials On-Site At Any One Time: \$ _____
16. Inland Marine Builders' Risk Form Limits of Insurance
 Building Under Construction \$ _____ (Must Equal 100% Est. Completed Value)
 Building Materials In Transit \$ _____
 Building Materials Elsewhere \$ _____
 Theft Deductible (\$500 min) \$ _____
17. If Coverage Is Requested For Materials In Transit Or Materials Stored Elsewhere, Provide Details: Where Stored, How Transported, Etc. _____
18. Indicate Security Measures Being Used:
 Night Lighting Church Volunteers Building Site Is Fenced
 Watchman Service Church Employees on Premises Building Materials Are Stored In A Secured Facility
 Other - Describe _____
19. Comments Or Additional Information: _____