



INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					
Builders Risk					

OPEN REPORTING FORM

COVERAGE				CAUSES OF LOSS & DEDUCTIBLE		
LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT	CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
\$	\$	\$	\$	EARTHQUAKE	\$	
				FLOOD	\$	
					\$	
				SPECIAL		
				BROAD	<input type="checkbox"/>	BASIC

TERRITORY	RECEIPTS
SPECIFY THE APPLICANTS OPERATING TERRITORY:	ENTER THE GROSS INSTALLATION RECEIPTS.
	PAST 12 MONTHS
	NEXT 12 MONTHS (ESTIMATE)
	\$
	\$

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)			
NAME & ADDRESS		NAME & ADDRESS	
INTEREST		CERTIFICATION REQUIRED	
INTEREST		CERTIFICATION REQUIRED	
NAME & ADDRESS		NAME & ADDRESS	
INTEREST		CERTIFICATION REQUIRED	
INTEREST		CERTIFICATION REQUIRED	

RIGGING	TRANSPORTATION/SECURITY
DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.	ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.
	%
	DESCRIBE JOB SITE SECURITY

REMARKS

SPECIFIC JOB

COVERAGE

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$

CAUSES OF LOSS & DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

JOB TERM/VALUES

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		\$	\$

SECURITY

DESCRIBE JOB SITE SECURITY

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED (Including Location -- ACORD 125)

INSURED'S JOB NUMBER: _____

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED	NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED
NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED	NAME & ADDRESS INTEREST <input type="checkbox"/> CERTIFICATION REQUIRED

TRANSPORTATION

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.

AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

RIGGING

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS