

BUILDERS RISK/BUILDING UNDER CONSTRUCTION APPLICATION

INSURED INFORMATION

Name:	Home phone:
Address:	Home fax:
City:	Work phone:
State, Zip:	Work fax:
County:	Email:

BUILDING INFORMATION

Type of occupancy (check all that apply): Residential Warehouse Commercial Office
 Industrial Retail

Exact street address for project:

Length of project (Commercial – length of time from pouring foundation to 50% occupancy; Residential – estimated start / finish dates):

Name of general contractor / construction manager:

CONSTRUCTION CHARACTERISTICS

Number of stories:

Square footage (building footprint):

Wall construction:

Floor construction:

Roof construction:

Built on pilings? Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Sprinkler system? Yes <input type="checkbox"/> No <input type="checkbox"/>	Alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe:	

New construction or rehab?

If rehab, fully describe the work to be performed to existing structure:

COVERAGE INFORMATION

Amount of insurance required:

Is there material storage away from construction address shown above? Yes No

Construction loan amount:

Construction Lender and address:

Jobsite security (describe):

Use of any cranes or other rigging equipment? Yes No

Describe closest body of water to the project, distance and type (river, lake, canal, ocean, stream):

If a residential condominium / townhouse project or commercial condominiums:

Number of buildings:

Number of units / building:

Distance between buildings:

Describe any other special jobsite conditions, construction characteristics, soil conditions or security features that are important to the construction of this project:

Signature_____

Date_____

Please return completed form to:

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