



Max Specialty

BUILDERS RISK PROGRAM APPLICATION

AGENCY INFORMATION

1. APPLICANT INFORMATION

EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

WEBSITE: _____

TERM: _____

YEARS IN BUSINESS: _____

NEW VENTURE: YES NO

INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

PROPERTY:

2. NEW CONSTRUCTION RENOVATION ADDITION

3. CURRENT VALUE \$ _____ VALUE OF RENOVATION/ADDITION \$ _____

4. PROPERTY LIMIT REQUESTED: \$ _____ (100% COINS UNLESS INDICATED)

5. PERILS REQUESTED: FIRE E.C. VANDALISM OTHER _____

6. DEDUCTIBLE: \$ _____

GENERAL LIABILITY LIMITS:

7. OCCURRENCE: \$ _____ PERSONAL/ADVERTISING: \$ _____

GENERAL AGGREGATE: \$ _____ MEDICAL PAYMENTS: \$ _____

PRODUCTS/COMP OPS \$ _____ FIRE LEGAL: \$ _____

GENERAL INFORMATION:

8. YEAR BUILT _____ YEAR RENOVATED _____ YEAR SYSTEMS UPGRADED _____

9. # OF STORIES _____ CONSTRUCTION TYPE _____ YEAR ROOF REPLACED _____

10. INTENDED DISPOSITION OF PROPERTY (I.E. SELL, RENT, OCCUPY) _____

11. DESCRIBE NEIGHBORHOOD (I.E. RURAL, COMMERCIAL, RESIDENTIAL) _____

12. THREE YEAR LOSS EXPERIENCE

DATE	LOSSES (DESCRIPTION AND AMOUNTS PAID AND INCURRED)

13. BANKRUPTCY STATUS: _____ PREVIOUS CARRIER: _____

14. MORTGAGEE NAME: _____ MORTGAGEE ADDRESS: _____

15. OTHER PERTINENT INFORMATION: _____

16. APPLICANT SIGNATURE: _____ DATE: _____

17. PRODUCER NAME: _____

ADDRESS: _____