

# CID Insurance Programs Inc. DBA CID Insurance Services

## Builder's Risk Product

### BUILDER'S RISK - NEW CONSTRUCTION APPLICATION

Please complete all sections of this application and have signed by the applicant.

1. Name and address of applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Form of business:  Individual     Corporation     Partnership     LLC     Other \_\_\_\_\_
3. Interest of applicant:         Owner         Contractor         Other \_\_\_\_\_
4. Inspection contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_  
Inspection contact phone number: \_\_\_\_\_
5. Is this a single building?  Yes     No
6. Complete location address of project to be covered (complete a separate application for each location):  
\_\_\_\_\_  
\_\_\_\_\_
7. Description of project: \_\_\_\_\_  
\_\_\_\_\_  
Number or stories: \_\_\_\_\_
8. Is this ground up construction?  Yes     No  
(If "No," complete our Building Renovation Application)
9. Is this a modular home project?  Yes     No
10. Has any construction work started yet?  Yes     No  
(If "Yes," risk is ineligible)
11. Construction  
 Frame or brick veneer         Masonry noncombustible         Noncombustible  
 Joisted masonry         Fire resistive
12. Protection class (circle):    1        2        3        4        5        6        7        8        9        10
13. Final construction cost (limit desired):        \$ \_\_\_\_\_ Square footage \_\_\_\_\_  
Deductible desired:        \$ \_\_\_\_\_
14. Time needed to complete project: \_\_\_\_\_ Policy term desired:     3months     6months     9months     12months
15. Contractor: Name/Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Has applicant or majority partner filed for bankruptcy in the past five years?  Yes     No
17. Is project on filled land or does any demolition need to be done prior to construction?  Yes     No
18. Does the project include any large open atriums equaling three stories or more?  Yes     No
19. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures?  Yes     No
20. Does the project include any lift- slab or tilt- up construction methods?  Yes     No
21. Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/ petroleum/energy/co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet?  Yes     No
22. Will the project site be protected by a fence?  Yes     No  
(If "Yes," this will be a policy warranty)

23. Will the watchman be on premises during non-working hours?  Yes  No

(If "Yes," this will be a policy warranty)

24. Is soft cost coverage desired?  Yes  No

(If "Yes," show a limit for any of the following:)

Soft Cost Item	Limit Desired
Interest expense on money the insured borrows to finance construction or reconstruction	\$
Real estate or property taxes	\$
Advertising and promotional expense	\$
Insurance expense	\$
Commissions, legal and accounting costs and fees and administrative expenses incurred as a result of a necessary renegotiating of a lease or leases	\$
Architectural fees, building inspection and permit fees and charges	\$
Storage charges	\$
Survey costs	\$

25. Mortgagee or loss payee (name and address): \_\_\_\_\_

26. Policy effective date: \_\_\_\_\_

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: \_\_\_\_\_  Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner, Principal, or Partner)

Broker's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Some states require that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: \_\_\_\_\_

Address: \_\_\_\_\_

Mail completed application through local agent or broker to: \_\_\_\_\_

Please submit completed application to:  
submissions@cidinsurance.com  
Attn: Teresa Cochran  
Phone: (619) 593-2045  
Fax: (619) 593-2008