



PACIFIC BASIN INSURANCE COMPANY

P.O. Box 500710, Saipan, MP 96950

Tel. Nos. (670) 234-5860/7864

Fax Nos. (670) 234-7841

BUILDER'S RISK APPLICATION: Ground-up Construction

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Producer: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant is Individual Partnership Corporation Other: _____

Interest of applicant: Owner Contractor Other: _____

Name and Address of Mortgagee: _____

Address: _____

City: _____ State: _____ Zip: _____

Jobsite Loss Control Contact: _____

Email Address: _____ Phone Number: _____

Risk Management Contact: (check if same as Jobsite Contact):

Email Address: _____ Phone Number: _____

Policy Term: From: _____ To: _____

Estimated Tie to Complete Project: _____

Describe the nature and extent of the work to be performed:

Address of Project: _____

SECTION I – LIMITS OF INSURANCE

1. a. At the project site \$ _____

b. In temporary storage at any location other than the project site \$ _____

c. While in Transit \$ _____

d. Extra Expense Limit (**Choose Applicable Types and limit**) \$ _____

*Construction Loan Interest _____

Real Estate and Property Taxes _____

Architect, Engineering and Consultant Fees _____ \$ _____

Legal and Accounting Fees _____ \$ _____

Builder's Risk Insurance Premium Change _____ \$ _____

Advertising and Promotional Expenses _____ \$ _____

e. Loss of Rent Limit _____

f. Flood Limit _____

g. Earthquake Limit _____

2. Is equipment breakdown coverage desired? YES NO

3. Deductible:
The deductible will be determined by the chart below. If a higher deductible is desired, please indicate: \$ _____

All Construction Types	
Project Size	Minimum Deductible
< \$100,000 or LESS	\$10,000
\$101,000 up to \$150,000	\$15,000
\$151,000 up	\$20,000

SECTION II - CONTRACTOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Has the contractor engaged in this type of project before? Yes No
If yes, for how many years? _____
2. Contractor License Number: _____
3. Contractor Website Address: _____
4. Has the contractor had a loss greater than \$50,000 on a project in the last 5 years? Yes No
If yes, please explain _____
5. Does the contractor have any judgement or suits pending? Yes No
6. Has the Contractor been cited for any OSHA violation within the last 4 years? Yes No
If yes explain. _____
7. Does the Contractor have a written safety program in place in compliance with OSHA 29 CFR/1910? Yes No
If yes, please attach a copy. _____
8. Does the Contractor employ a designated job site risk manager? Yes No
If yes, how often will this site be visited? _____
9. How will the onsite be maintained form a housekeeping standpoint?
 Each subcontractor is responsible for their work area(s)
 Dedicated housekeeping crew(s) will be provided
10. Will there be hot work performed on this job? Yes No
If yes, please provide a copy of hot work program. _____
11. Are subcontractors licensed? Yes No
12. Does the Contractor obtain evidence of insurance from subcontractors? Yes No
13. Does the Contractor pre-qualify subcontractors? Yes No
If yes, explain. _____

SECTION III - CONSTRUCTION

*Frame

Joisted Masonry

Noncombustible

Masonry Noncombustible

Fire Resistive | Fire Resistive

1. Total Square Feet: _____
2. Number of floors above ground: _____
3. Number of floors below ground: _____
4. Is construction: lift slab tilt-up prototype modular
5. Are piling used? Yes No
6. Is the project on filled land? (If yes, please attach geo-technical report.) Yes No
7. Number of buildings: _____
8. If the project value is more than \$50,000, attach a plot plan and construction schedule.
9. Does the project have a buyer / owner or is it being built in speculation? _____

SECTION IV - PROTECTION

1. Distance to operating fire hydrant: _____ ft. _____
2. Will the project site be fenced? Yes No
3. Will the project site be locked? Yes No
4. Will the project site be lighted? Yes No
5. Will a watchman be on the premises during none working hours? Yes No
6. Does the General Contractor have a written 'on smoking' policy? Yes No
If yes, please provide a copy. _____
7. Will the General Contractor provide operational portable fire extinguisher at strategic locations throughout the jobsite? Yes No

SECTION V – PRIOR START CONSTRUCTION

1. Original start date of construction? _____
2. a. % of project that has been completed? _____
b. Value of portion of project that has been completed? _____
c. Estimated time needed to completed project? _____
d. Details of construction completed to date: _____
3. Was there coverage in place prior to your request? Yes No
If yes, why is that coverage not being renewed or being cancelled? _____
4. If no prior coverage, why the delay in placing coverage? _____
5. Has there been a change in the contractor? Yes No
If yes, why: _____
6. Have there been any losses at the project site to date? Yes No
If no losses, please attach a “No Loss” letter signed by the insured.
If yes, please give details of each loss. _____

FRAUD NOTICE STATEMENTS

ANY PERSON WHIE KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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 AND MAY SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL AND CIVIL PENALTIES, IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy and Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase to policy.

*Company refers PACIFIC BASIN INSURANCE COMPANY INC.

I hereby warrant the truth of the above statement, and I declare that I have not withheld any information whatever which tend in any way to influence the acceptance of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void.

NAME (PLEASE PRINT/TYPER)

TITLE
(MUST BE SIGNED BY THE PRESIDENT,
CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE
Produced By: (Section to be completed by Producer/Broker)

DATE

PRODUCER

AGENCY

ADDRESS (STREET, CITY, STATE, ZIP)
