



Builder's Risk Supplemental Application

Agency Name: _____

Insured Name: _____

Insured Mailing Address: _____

Insured City: _____ State: _____ Zip: _____

Type of Construction: Residential or Commercial

Construction Material: Frame, Joisted Masonry, Masonry, Non-Combustible, Other _____

Protection Class: _____

Policy Period: _____

Has the project started? Yes No

State in which property located: _____

Property address line 1: _____

Property address line 2: _____

Property: City _____ State _____ Zip _____

Property County: _____

Type of policy: One-Shot New Construction Remodel

Is existing structure coverage desired? Yes No

Is the builder's name different than the named insured? Yes No

If yes, please enter Builder's Name: _____

Builder's Address: _____

Deductible \$ _____

Is the structure modular? Yes No

Is the location apartments, condominiums or multi unit structure(s) Yes No If yes, apartment occupancy questions will be asked.

Estimated length of project: _____

Total project completed value: \$_____

Start and completion date of each building? Enter Both dates – start

Finish

Remodeling

Enter Age of Dwelling: _____

Is the existing structure considered historical? Yes No

Is the remodeling work on the existing structure to begin within 30 days of the effective date?

Yes No

When was the HVAC system last updated? _____

When was the electrical system last updated (100%)? _____

When was the roof last replaced? _____

When was the plumbing system last updated (100%)? _____

Existing structure value: \$ _____

Amount of renovation/improvements: \$ _____

Square footage of existing structure: _____

Square footage after project completion: _____

Mortgagee name: _____

Mortgagee address:

City: _____ State: _____ Zip: _____

Loan Number: _____

THE PROPOSER AGREES THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL ARE TRUE AND THAT, IF INSURANCE IS AFFECTED, MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION VOIDS THIS INSURANCE.

Agent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please submit with ACORD 125 to submit@midman.com .