

AGENCY INFORMATION				
Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION				
Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
Business Structure	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>
	If Other, please explain:			
Effective Date	From:	To:		
Jobsite Address	Street:	City:	State:	Zip:
Mortgagee Name		Mortgagee Address		
Loss Payable Interest Name		Loss Payable Interest Address		
Description of Project:				
Inspection Contact	Name:	Phone:	Email:	
Architect:		Engineer:		
Deductible	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/> Other: <input type="checkbox"/>

LIMITS OF INSURANCE	
a. At the Jobsite	\$
b. In Storage at Any Location Other than the Project Site	\$
c. While in Transit	\$
d. Catastrophe Limit	\$

OPTIONAL COVERAGES	
Flood Sublimit	\$ Deductible: \$
Earthquake Sublimit	\$ Deductible: \$
Equipment Breakdown and Testing Coverage	<input type="checkbox"/>

Closer Coverage delivered in the Northeast, with offices located in:

CONNECTICUT | MAINE | MASSACHUSETTS | NEW HAMPSHIRE | NEW YORK | VERMONT

CONTRACTOR INFORMATION				
Contractor Name				
Contractor Address		Street:	City:	State: Zip:
Contractor's Experience with this type of Product				
Contractor's Website Address				

CONSTRUCTION				
Frame	<input type="checkbox"/>	Joisted Masonry	<input type="checkbox"/>	
Non-Combustible	<input type="checkbox"/>	Masonry Non-Combustible	<input type="checkbox"/>	
Fire Resistive/Modified Fire Resistive	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Total Square Footage				
Completed Value	\$	Construction Will Begin		
Estimated Completion Time		Years:	Months:	
Number of Floors		Above Ground:	Below Ground:	
Intended Occupancy:				
Is Construction Lift Slab or Tilt Up?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>

PROTECTION				
Distance to Operating Fire Hydrant:		Distance to Responding Fire Department:		
Public Fire Protection Class at Job Site				
Additional Protection	Standpipes	<input type="checkbox"/>	Sprinkler Systems	<input type="checkbox"/>
	Fire Extinguisher	<input type="checkbox"/>		
Jobsite Protection	Fenced	<input type="checkbox"/>	Surveillance Cameras	<input type="checkbox"/>
	Lighted	<input type="checkbox"/>	Security Service	<input type="checkbox"/>

DELAY IN COMPLETION
<u>Additional Construction Expenses</u>
Occurrence Limit – The most we pay in any one occurrence: \$
Additional Construction Expenses are limited to the following expenses: Advertising, Design Fees, Financing, Lease Administration, Professional Fees & Permit Fees

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DELAY IN COMPLETION (continued)

Additional Soft Costs

30-Day Limit - The most we pay for additional soft costs in any 30-day period: \$

Occurrence Limit – The most we pay in any one occurrence: \$

Additional Soft Costs are limited to the following soft costs:

Interest Payments, Realty Taxes, Lease Expenses, Insurance Premiums

Rental Income

30-Day Limit – The most we pay for loss of rental income in any 30-day period: \$

Occurrence Limit – The most we pay in any one occurrence: \$

Income Coverage

30-Day Limit – The most we pay for loss of income in any 30-day period: \$

Occurrence Limit – The most we pay in any one occurrence for loss of income: \$

Supplemental Coverages

General Administration Expenses \$10,000 per occurrence
(For additional clerical personnel, additional security costs, and other similar expenses)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Producer Name (Please Print): _____

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