

Builders' Risk New Construction Application

AcadiaMarine™

This is the new construction app, for renovation projects, please see the renovation application.

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	Partnership	Corporation	Joint Venture	Other
	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			
Inspection Contact	Name:	Phone:	Email:		
Architect:		Engineer:			

CONTRACTOR INFORMATION

Contractor Name				
Contractor Address	Street:	City:	State:	Zip:
Contractor's Experience with similar projects				

CONSTRUCTION TYPE (Briefly describe materials and method)

Foundation:
Walls:
Floors:
Roof:

CONSTRUCTION

Total Square Footage		Construction Will Begin	
Estimated Completion Time		Years:	Months:
Number of Floors		Above Ground:	Below Ground:
Intended Occupancy:		Has sitework begun at the jobsite yet?	Yes No
Detailed Description of the Project:			
Is the project fully funded? Please provide details as to funding:			

PROTECTION

Distance to Operating Public Fire Hydrant:	Distance to Responding Fire Department:	
Public Fire Protection Class at Job Site		
Additional Protection	Standpipes	Sprinkler Systems
	Fire Extinguisher	
Jobsite Protection	Fenced	Surveillance Cameras
	Lighted	Security Service
List any contracted vendor(s) for a security/surveillance system:		

LIMITS OF INSURANCE

a. At the Jobsite	\$				
b. In Storage at Any Location Other than the Project Site	\$				
If Storage limits of insurance are over \$500K, please provide storage location address:	Address:				
Town:	State:	Zip Code:			
c. While in Transit	\$				
Deductible:	\$1,000	\$2,500	\$5,000	\$10,000	Other:
Total Construction Contract Price:	\$				

OPTIONAL COVERAGES

Flood Sublimit	\$	Deductible: \$
Earthquake Sublimit	\$	Deductible: \$
Equipment Breakdown and Testing Coverage	Yes	No

DELAY IN COMPLETION

Additional Construction Expenses

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: \$

Rental Income- Loss of rental income that arises out of a 'delay' resulting from direct physical loss or damage to a building or structure that is caused by a covered peril.

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: \$

Loss of earnings and loss of rental income

Supplemental Coverages

General Administration Expenses

\$50,000 per occurrence

(For additional clerical administrative personnel; additional security costs; additional utility and communications charges; and additional maintenance and facilities 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): _____

Acadia Insurance | One Acadia Commons Westbrook, ME 04092 | 800-773-4300

www.AcadiaInsurance.com



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