Kinsale Insurance Company
P. O. Box 17008
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BUILDERS RISK – SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

I. GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		New Venture?	Yes ☐ No ☐
Renewal?	Yes ☐ No ☐	Policy Number:	
Current Effective Date:		Current Expiry Date:	
Requested Effective Date:		Requested Expiry Date:	
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Effective Date:		Expiry Date:	
Deductible:			
Premium:			
Offering renewal?	Yes ☐ No ☐		

Please attach copies of the following:

a) Currently valued five-year loss runs, including complete claim details for all losses

b) Applicant's description of operations, brochure, or marketing materials if a website is not available

3) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4) Property Address: _____

City: _____ State: _____ Zip Code: _____

5) Are you a(n): ☐ Corporation ☐ Individual ☐ Partnership ☐ Municipality ☐ For Profit
☐ Joint Venture ☐ Other: _____

6) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

_____

7) What is your interest in this project?
☐ Owner ☐ Contractor ☐ Owner and Contractor ☐ Other: _____

8) Construction Start Date: _____

9) Construction Projected End Date: _____

10) Has any construction work already started? Yes ☐ No ☐

a. If yes, has prior coverage been in place? Yes ☐ No ☐

b. If yes to 10) and no to a., please attach an explanation.

c. What percentage of work is completed? _____ %

11) What coverage(s) are you requesting? Check and provide requested limits for all that apply:

☐ Business Income w/Extra Expense $_____ ☐ Mechanical Breakdown & Testing $_____

☐ Property in Transit $_____ ☐ Property in Storage $_____

☐ Earth Movement $_____ ☐ Flood $_____

☐ Other: _____ $_____

12) Please complete the following table for your receipts and payroll:

	Revenue	Payroll
Projected Year		
Last 12 Months		
2nd Prior Year		

13) If you are not the contractor or owner/contractor, please list the contractor: _____

a. How many years of experience does this contractor have? _____

II. PROPERTY DETAILS

14) Is the property being renovated? If yes, please complete section III: RENOVATION. Yes ☐ No ☐

a. If no, is the building work being performed ground up? Yes ☐ No ☐

b. If no to 13) and a., please explain: _____

c. If yes to a., what is the total insurable value of building materials (assume 100% coinsurance)? $_____

15) Briefly describe the work being performed: _____

_____

16) What is the intended occupancy after work is completed? _____

_____

17) What is the building construction material?

☐ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible

☐ Fire-Resistive ☐ Other: _____

18) Number of stories: _____

a. Does any work involve tandem crane lifts or tower cranes? Yes ☐ No ☐

19) Roofing materials: _____

20) Protection class: _____

21) Will any portion of the structure be occupied prior to completion of the project? Yes ☐ No ☐

a. If yes, by whom? _____

b. Please attach details about the occupancy and how construction area access is restricted.

22) Is the project site:

a. Fenced? Yes ☐ No ☐
b. Lighted? Yes ☐ No ☐
c. Locked? Yes ☐ No ☐
d. Security guards or night watchmen? Yes ☐ No ☐
d. Other security: _____ Yes ☐ No ☐

III.RENOVATION *(complete only if the property is being renovated)*

23) Does the project include any demolition of existing structure(s)? Yes ☐ No ☐

24) Does the project include any structural, frame, or foundation alterations? Yes ☐ No ☐

25) Does the building have any existing damage? Yes ☐ No ☐

a. If yes, please clarify: _____

_____

26) Are you seeking coverage for the existing structure? Yes ☐ No ☐

a. If no, is the structure covered under another property insurance policy? Yes ☐ No ☐
b. What is the total insurable value of the following (based on completed value and 100% coinsurance):
   + Existing Structure: $ _____
   + Building Materials: $ _____
   + TOTAL: $_____

27) What year was the existing structure built? _____

28) What is the square footage of the original building? _____

29) If the project includes any addition, what will the new square footage be? _____

30) What was the previous occupancy of the structure(s)? _____

31) What current fire safety systems are installed in the structure? Check all that apply:

☐ Central Alarms ☐ Local Alarms ☐ Automatic Sprinklers ☐ Automatic Suppressants
☐ Manual Extinguishers ☐ Other: _____

a. Are all of the above checked in working order? Yes ☐ No ☐
b. Will these systems be maintained and operable for the duration of construction? Yes ☐ No ☐
c. If no to a. or b., please attach an explanation and describe fire prevention measures taken.

32) Will electrical service be maintained? Yes ☐ No ☐

a. When was the electrical system last updated? _____

33) Will heating service (gas, oil, etc.) be maintained? Yes ☐ No ☐

a. When was heating/HVAC equipment last updated? _____

34) Will water service be shut off and pipes drained/winterized? Yes ☐ No ☐

a. When was the plumbing last updated? _____

35) Does the current structure have a burglar or intrusion alarm in place? Yes ☐ No ☐

a. If yes, will this be maintained during construction? Yes ☐ No ☐

IV. CLAIMS HISTORY

36) Do you know of any incidents not currently reported to insurance that may result in a claim against you? If yes, please attach an explanation. Yes ☐ No ☐

37) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please attach an explanation. Yes ☐ No ☐

38) Claim Details (duplicate this page for all claims):

a. What was the date of the incident? _____

b. What line(s) of your coverage(s) was this claim reported on? Check all that apply:

☐ Builders Risk ☐ Property in Transit ☐ Property in Storage
☐ Mechanical Breakdown ☐ Other Commercial Property ☐ Business Income/Extra Expense
☐ Commercial General Liability ☐ Pollution Legal Liability ☐ Other: _____

c. Please describe the circumstances leading up to the claim, the factual details of the incident, the value of materials lost or damage to structure, and steps taken following the incident to mitigate loss and evaluate the claim. Please note "attached" and include an additional sheet if the details do not fit below:

_____

_____

_____

_____

d. If this claim is closed, did it require trial or arbitration to settle? Yes ☐ No ☐

e. If this claim is open, do you anticipate it going to trial or arbitration? Yes ☐ No ☐

+ If yes, when? _____

f. Were any of your procedures or rules changed after this incident? Yes ☐ No ☐

g. Was the structure or materials a total loss/full insured value claimed? Yes ☐ No ☐

+ If no, what percentage was lost? _____ %

h. Total claimed: $ _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: **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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 $5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

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

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____