

Ironside Insurance Programs

Insured Name (as it should appear on the policy): _____

Mailing Address: _____

Location of Risk: _____

Proposed Effective Date: From _____ To _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. If none or no prior, please indicate.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

PROPERTY SECTION

Exposure	Existing Value	Completed Value	* Valuation / Coins.	Deductible
Building #1	\$			\$
Building #2	\$			\$
Other	\$			\$

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: Basic Special **Excluding** Theft (If no security, Alarmed or Patrolled)

\$5,000 theft buyback: Yes No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ _____

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible

Modified Fire Resistive Fire Resistive

Protection Class: _____ Square Footage: _____ Year Built: _____ No. Stories: _____

Protective Devices: _____

Fire Alarm: Yes No If yes, type: _____ Sprinklered: Yes No

IS PROPERTY (check all applicable): (A) Vacant (B) New Construction* (C) Renovation*

(A-1) Vacant Condo Unit # _____ * Building amount of new construction and/or renovation should be based on completed value.

(D) New Purchase (Not applicable if no prior occupancy) If previously vacant, vacant since _____

(E) Residential

(F) Commercial

(G) Boarded

(H) Locked

(I) Fenced

(J) Alarmed

If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? Yes No

If yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? Yes No

Intended use of building(s) _____

Describe extent of renovation, if any _____

Does the building amount listed above include renovations or the entire structure? Renovations Only Entire Structure

If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? Yes No If yes, is there a Commercial GL policy in force? Yes No

Mortgagee - Name/Address/Loan # if applicable: _____

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____

If so, explain _____

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? Yes No **If yes, the risk is ineligible for General Liability for Builder's Risk Coverage**

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ _____
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD Deductible \$ 500 per claimant

Additional Insured _____

Additional Insured Address _____

What is the Additional Insured's Interest _____

This section must be completed and signed

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Applicant's Phone # _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____