

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 _____

I hereby certify that the information I have provided in this application and any attached documents is true, complete, and accurate to the best of my knowledge. I understand and agree that any misrepresentation or omission may result in the denial or termination of my appointment or contract.

I further affirm that I hold all licenses and authorizations required by applicable law to act as an insurance producer in the jurisdictions listed and will maintain such licenses in good standing. I agree to comply with all applicable federal and state insurance laws, regulations, and company policies.

Producer Signature: _____

Printed name: _____

Date: _____