



VICTOR INSURANCE MANAGERS INC.

Victor Builders Risk

New Commercial/Residential Construction Application

AGENCY INFORMATION

Agency Name			
Broker Name			
Agency Mailing Address Street			
City		State	Zip Code
Phone	Email		

► SECTION 1: Insured Information

Insured Name			
Property Address Under Construction – Street			
City	State	Zip Code	County
Insured Mailing Address - Street			
City	State	Zip Code	
Contact name	Phone		
Email Address			

► SECTION 2: Builder Information and Eligibility

Is Insured the owner, builder or builder/owner?	Owner <input type="checkbox"/>	Builder <input type="checkbox"/>	Builder/Owner <input type="checkbox"/>
Builder Name			
Builder Address – Street			
Builder Address – City	State	Zip Code	
Does the builder have two years' experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the project brand new construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the structure a 1-4 unit family building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the intended occupant of the building?			
What is the total # of structures for this location?			
Is the builder insuring other properties with Victor within 100 ft of this structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what is the total value of all structures?			
Has the builder had any builders risk losses in the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide amount, date and description.			
Is debris removed from site at regular intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

► SECTION 3: Property Information

Construction type?	Protection class?	
What is the square footage?		
Does the project involve 'tilt-up' construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the structure be occupied during construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were there any previous losses at this location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

► SECTION 4: Project and Coverage Information

Has the project started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What was or will be the start date?
What is the estimated completion date?			
Is the structure modular or mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If project started what is the percentage complete?			
Total completed value of one structure?			
Total completed value of all structures? (would be the same as the value provided for the above question if there is not a stand-alone barn or garage)			
Select a deductible			

► SECTION 5: Coverages included in policy

Select the optional coverages and associated limits you want include in this submission?

	Current Limit	Desired Limit
Collapse	Included	Cannot be increased
Scaffolding, construction forms and temporary structures	\$20,000	
Debris Removal	\$150,000	
Discharge from sewer, drain or sump	\$5,000	
Fire department service charge	\$10,000	
Valuable papers and records	\$20,000	
Pollutant clean up and removal	\$15,000	
Ordinance of law – direct damage		
1. Coverage for loss to undamaged portal of building	Included	Cannot be increased
2. Demolition cost coverage	\$1,000000	
3. Increased cost of construction	\$1,000000	
4. Combined aggregate	\$1,000000	
Preservation of property	Included	Cannot be increased
Reward payments	\$10,000	
Property at a temporary storage location	\$500,000	
Property in transit	\$500,000	
Expediting expenses	\$50,000	
Limited coverage for "fungi," wet rot and dry rot	\$5,000	
Soft costs	\$100,000	
Claim Preparation Expense	\$25,000	
Blue Print and Construction Documents	\$25,000	
Fraud and Deceit	\$50,000	

► **SECTION 6:** Additional Coverages - Select the optional coverages and associated limits

	Desired Limit	
Green Builder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contract Change Order Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flood	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Income & Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to occupy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

► **SECTION 7:** Wind Coverage Information

Wind questions need to be answered if project is in following states (AL, CT, DE, GA, FL, LA, MA, MD, ME, MS, NC, NH, NY, NJ, RI, SC, TX, VA).

Do you want to exclude wind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the structure located within 1,000 feet of ocean, sea, bay or gulf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the building on pilings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

► **SECTION 8:** Additional Interest

Do you have an additional insured, mortgagee or loss payee information? If yes, please provide information below.

Name	Loan number
Mailing Address Street	
City	State Zip Code

► **SECTION 9:** Additional Information - Please provide any additional information for this submission:

*Victor Insurance Managers Inc. (fka Victor O. Schinnerer & Company, Inc.) recently filed in all U.S. jurisdictions to re-brand and change its name. This name change has become effective in almost all states while still pending in several states, which we expect will complete their approval processes shortly. In CA, dba Victor Insurance Services | CA Ins. Lic. # 0156109

301-961-9800 • info.us@victorinsurance.com • Two Wisconsin Circle, Suite 1100, Chevy Chase, MD 20815