

New Jersey School Boards Association Insurance Group
Builders Risk Application

District Information

Name: _____
Point of Contact: _____
Address: _____
Phone: _____ Fax _____ Email _____
School District Website Address: _____

Have you signed standard Architects Institute of America Contract? Yes No
Does the contract waive subrogation rights against the contractor(s)? Yes No

Agent Information:

Name: _____
Point of Contact: _____
Address: _____
Phone: _____ Fax _____ Email _____

Project Information

Project Name: _____
Project Address: _____
Project Type: New Renovations Addition to existing structure

**Provide a detailed description of the project including name of General Contractor and their website,
plot plan/architect's rendering**

If the project involves renovations of a sprinklered building, will the sprinkler system be operational during the project? Yes No

If this is a Renovation Project, will renovation involve modification to any load bearing structural element of the building? Yes No If "yes", describe:

Construction type: Frame Joisted Masonry Non Combustible
 Masonry Non Combustible Fire Resistive

Square footage: New Construction _____ Existing Structure (if any) _____
Public Protection Class _____

Describe jobsite protection (police patrolled/watchmen/fencing/lighting)

Hard Costs Limit _____ Soft Costs Limit (if any) _____

Deductible: \$5,000 \$10,000 \$25,000 \$50,000

Project Information (cont)

Project Start Date: _____ Estimated Completion Date _____

Number of Stories _____ Number of Buildings _____

Is Flood coverage required? Yes No If "yes" limits desired _____

Is Earthquake coverage required? Yes No If "yes" limits desired _____

Is Equipment Breakdown coverage required? Yes No

Are exterior walls properly supported prior to the erection of roof or floors (adequate bracing to withstand local heavy wind conditions)? Yes No

Will the building be occupied, in whole or in part, during construction? Yes No If "yes", will job site be accessible to staff or students during construction? Yes No

Insurance Fraud Warning

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 crime and subjects the person to criminal and civil penalties. Signature constitutes a representation that all information provided herein is accurate and complete. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of the application bind the insurance company to issue the policy.

Applicant Signature

Title

Date