

The New Jersey School Boards Association Insurance Group
2010 Builders Risk Application

District Information:

Name: _____
Point of Contact: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

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: _____ E-mail: _____

Project Information:

Location Address: _____
Project Description: _____
 New Renovations Addition to existing structure

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

If Renovation, will renovation involve modification to any load bearing structural element of the building? If yes, describe.

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

Square footage: New construction or addition: _____ Existing structure (if any): _____

Public Protection Class: _____

Describe Jobsite protection (police patrolled / watchmen / fencing / lighting used): _____

Total Completed Construction Value: _____

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

Project Start Date: _____ Estimated Completion Date: _____

Number of Stories _____ Number of Buildings: _____ Flood Zone Classification: _____

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

Will building be occupied, in whole or in part, 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 _____