



# INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT

|                    |                    |              |              |            |
|--------------------|--------------------|--------------|--------------|------------|
| PROPOSED EFF. DATE | PROPOSED EXP. DATE | BILLING PLAN | PAYMENT PLAN | PREM. ADJ. |
|                    |                    | AGENCY       |              |            |
|                    |                    | DIRECT       |              |            |

FOR COMPANY USE ONLY

## OPEN REPORTING FORM

| COVERAGE                     |                    |                               |               | CAUSES OF LOSS & DEDUCTIBLE |                                |            |
|------------------------------|--------------------|-------------------------------|---------------|-----------------------------|--------------------------------|------------|
| LIMIT AT ANY SINGLE LOCATION | LIMIT PER DISASTER | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT | CAUSES OF LOSS              | SUB LIMIT                      | DEDUCTIBLE |
| \$                           | \$                 | \$                            | \$            | EARTHQUAKE                  | \$                             |            |
|                              |                    |                               |               | FLOOD                       | \$                             |            |
|                              |                    |                               |               |                             | \$                             |            |
|                              |                    |                               |               | SPECIAL                     |                                |            |
|                              |                    |                               |               | BROAD                       | <input type="checkbox"/> BASIC |            |

| TERRITORY                                   | RECEIPTS                               |
|---|--|
| SPECIFY THE APPLICANTS OPERATING TERRITORY: | ENTER THE GROSS INSTALLATION RECEIPTS. |
|   | PAST 12 MONTHS                         |
|   | NEXT 12 MONTHS (ESTIMATE)              |
|   | \$                                     |
|   | \$                                     |

| TYPE        | ANNUAL NUMBER | DURATION | # JOBS IN PROGRESS |         | COST OR VALUE OF EACH INSTALLATION |         |         | MATERIAL COST (% of Total) |
|-------------|---------------|----------|--------------------|---------|------------------------------------|---------|---------|----------------------------|
|             |               |          | MAXIMUM            | AVERAGE | MAXIMUM                            | MINIMUM | AVERAGE |                            |
| RESIDENTIAL |               |          |                    |         | \$                                 | \$      | \$      | %                          |
| COMMERCIAL  |               |          |                    |         | \$                                 | \$      | \$      | %                          |

| ADDITIONAL INTERESTS (Attach a separate sheet if necessary) |  |                        |  |
|---|--|------------------------|--|
| NAME & ADDRESS  |  | NAME & ADDRESS         |  |
|   |  |                        |  |
| INTEREST  |  | CERTIFICATION REQUIRED |  |
| INTEREST  |  | CERTIFICATION REQUIRED |  |
| NAME & ADDRESS  |  | NAME & ADDRESS         |  |
|   |  |                        |  |
| INTEREST  |  | CERTIFICATION REQUIRED |  |
| INTEREST  |  | CERTIFICATION REQUIRED |  |

| RIGGING  | TRANSPORTATION/SECURITY  |
|--|--|
| DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING. | ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK. |
|  | %  |
|  | DESCRIBE JOB SITE SECURITY   |
|  |  |

REMARKS

**SPECIFIC JOB**

**COVERAGE**

**CAUSES OF LOSS & DEDUCTIBLE**

| LIMIT AT LOCATION | LIMIT AT A TEMPORARY LOCATION | TRANSIT LIMIT | CAUSES OF LOSS |                          | SUB LIMIT | DEDUCTIBLE |
|-------------------|-------------------------------|---------------|----------------|--------------------------|-----------|------------|
|                   |                               |               |                |                          |           |            |
| \$                | \$                            | \$            | EARTHQUAKE     | \$                       |           |            |
|                   |                               |               | FLOOD          | \$                       |           |            |
|                   |                               |               |                | \$                       |           |            |
|                   |                               |               | SPECIAL        |                          |           |            |
|                   |                               |               | BROAD          | <input type="checkbox"/> | BASIC     |            |

**JOB TERM/VALUES**

**SECURITY**

| JOB TERM     |            | CONTRACT AMOUNT | VALUE OF OWNER SUPPLIED PROPERTY | DESCRIBE JOB SITE SECURITY |
|--------------|------------|-----------------|----------------------------------|----------------------------|
| COMMENCEMENT | COMPLETION |                 |                                  |                            |
|              |            | \$              | \$                               |                            |

**JOB DESCRIPTION**

DESCRIBE THE WORK TO BE PERFORMED (Including Location -- ACORD 125)

INSURED'S JOB NUMBER: \_\_\_\_\_

**ADDITIONAL INTERESTS (Attach a separate sheet if necessary)**

| NAME & ADDRESS |                        | NAME & ADDRESS |                        |
|----------------|------------------------|----------------|------------------------|
|                |                        |                |                        |
| INTEREST       | CERTIFICATION REQUIRED | INTEREST       | CERTIFICATION REQUIRED |
| NAME & ADDRESS |                        | NAME & ADDRESS |                        |
|                |                        |                |                        |
| INTEREST       | CERTIFICATION REQUIRED | INTEREST       | CERTIFICATION REQUIRED |

**TRANSPORTATION**

**RIGGING**

| TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK. |                            |                               |                   | DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING. |
|--|----------------------------|-------------------------------|-------------------|--|
| AMOUNT SHIPPED   | % FOR APPLICANT'S VEHICLES | % BY COMMON/ CONTRACT CARRIER | DISTANCE INVOLVED |  |
| \$   | %                          |                               |                   |  |

REMARKS