



Business • Auto • Home
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DOWNSD & ASSOCIATES

Insurance Specialists

COUNTS Financial Services

131 Elden Street, Suite 300
Herndon, VA 20170

T 703-834-3120
T 800-834-3148
F 703-834-3159

downs-insurance.com

This is an interactive PDF form. You may fill it out with Adobe Acrobat and submit it, or you may print it out, and fax it back.

Builders Risk Coverage

Instructions: 1) Complete form 2) Send form prior to project start 3) Send form again once project is complete with a date to delete from policy. *All premiums are prorated.*

Contractor Name _____ Email _____

Effective Date to Add/Delete Builders Risk _____

Project Address _____ City _____ ST _____ Zip _____

County _____

Who owns the property? I own it My client owns it Is this a vacant lot? Yes No

Project Replacement Value: Renovations \$ _____ New Structure \$ _____ Addition \$ _____

Replacement value includes: building, materials, equipment. (Approximate premium ~.20/\$100 value. Example: \$100,000 of coverage would cost ~\$200/yr)

Residential OR Commercial

Estimated Completion Date _____

Square Footage of Project _____ Security Measures _____

Construction Type:

Wood Frame w/Siding Solid Masonry w/Steel Masonry Veneer on All Sides over Wood Frame

Distance to Fire Hydrant < or > 1000 Feet _____ Fire Dept < or > 5 miles? _____

“Earthquake” Coverage Requested? (~.02/\$100 value) 2% Deductible: Yes No

“Soft Costs” Coverage Requested? (~.06/\$100 value) Matching Deductible: Yes No \$ _____

(Example: overhead, profit, interest, taxes, professional fees, assessments, advertising, etc.)

Approximate \$ Amount of Un-installed Materials On Site At Any Given Time: \$ _____

Select Deductible: \$5,000 \$10,000 **Will Default to \$2,500**

Lender Contact Name: _____ Phone: _____

Address: _____ Fax: _____

City _____ ST _____ Zip _____

NOTE THAT BUILDERS RISK COVERAGE ENDS 60 DAYS AFTER OCCUPANCY PERMIT IS ISSUED!

DELETE BUILDERS RISK

Address _____ City _____ ST _____ Zip _____

Insured Contractor Signature: _____ Date: _____

Send form to Downs & Associates, Inc.
Email: imecca@downs-insurance.com / Fax: 703-834-3159
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