

LANDERS

Underwriting

P.O. Box 888, Charlottesville, VA 22902
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BUILDER'S RISK APPLICATION

PRODUCER NAME _____

ADDRESS _____

PHONE (____) _____ FAX (____) _____

AGENCY CONTACT _____ EMAIL _____

INSURED NAME _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

CONTRACTOR NAME & ADDRESS _____

OF YEARS EXPERIENCE WITH THIS TYPE OF CONSTRUCTION _____

CONTRACTOR PROVIDING EVIDENCE OF INSURANCE? _____ PROTECTION CLASS _____

CONSTRUCTION _____ # STORIES _____ TOTAL SQ. FOOTAGE _____

PRIOR CARRIER _____ PRIOR CLAIMS PAST 5 YEARS _____

COMPLETED VALUE OF PROJECT \$ _____

PROTECTIVE SAFEGUARDS IN PLACE _____

ESTIMATED TIME TO COMPLETE PROJECT _____

INTENDED OCCUPANCY _____

LIABILITY COVERAGE DESIRED? YES _____ NO _____ LIMIT _____

MORTGAGEE _____

COMMENTS _____

_____/_____
Applicants Signature Date