

New / Ground-Up Construction Supplemental Application

*** THIS SUPPLEMENTAL APPLICATION MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125***

Insured Information			
Named Insured			
DBA	Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Number of Years in Business
Name Of Contractor (If Different From Named Insured)			
Contractor Mailing Address			
Loss History / 5 Years			
Estimated Start Date of Project		Estimated Completion Date of Project	Estimated Term of Project (Months)
Currently Under Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Original Start Date	Percent Completed	Values Completed
(If Yes To Prior Start Attach Prior Start Questionnaire Required)			
Limits of Liability			
Total Completed Value of Project		Temporary Storage	
Loss Limit (If Applicable)		Transit	
Optional Coverages: (Must Be Checked)			
<input type="checkbox"/> Windstorm: Is project location eligible for coverage in a Wind Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – maximum limit available in Wind Pool? \$ _____			
<input type="checkbox"/> Earth Movement: ISO Earthquake Zone: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
<input type="checkbox"/> Flood: FEMA Flood Zone: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> X <input type="checkbox"/> V If Zone A or V: 100 Year Base Flood Elevation? _____ Elevation of First Finished Floor? _____			
<input type="checkbox"/> Soft Costs: \$ _____ (must attach complete breakdown)			
<input type="checkbox"/> Loss of Rents: \$ _____ Loss of Earnings: \$ _____			
Deductibles			
All Other Perils (Catastrophe Peril Deductible will be determined by the Company)			
<input type="checkbox"/> \$500 (Residential Only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____			
Project Information			
Location Address			
City	County	State	ZIP Code
Project Type <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial		Public Protection Class	City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside

