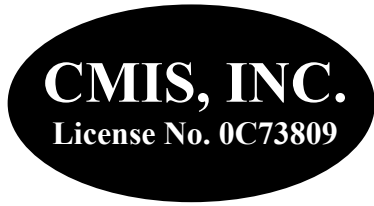


Phone: (818) 407-3838

Facsimile: (818) 407-3848



**CONTRACTORS & MANUFACTURERS
INSURANCE SERVICES**
Business Insurance Brokers

P O BOX 7817 • NORTHRIDGE, CA 91327-7817
Web: www.cmis.org Email: insurance@cmis.org

COC & BUILDER'S RISK SUPPLEMENTAL APPLICATION
(Include ACORD application)

Applicant's Name: _____		Date: _____	
Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Inspection Contact: _____		Phone: _____	
Mailing Address: _____		Location Address: _____	
_____		_____	

PROJECT INFORMATION:

Est'd Job Cost: _____	Est'd Length of Job: _____
Value of Existing Structure: \$ _____	Value of work to be completed: \$ _____
Requested Limit of Liability (Value of Existing Structure + Value of work to be completed): \$ _____	
Sublimit for Transit: _____	Sublimit for off-site storage: \$ _____
Preferred Deductible: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other (Please specify)	
Total square footage of project: _____	
Is this a REHAB/Renovation project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a mid-term C.O.C. project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what percentage is completed? _____ %	Estimated completion date: _____
Will the insured be selling the completed project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Describe the nature of the project, including intended occupancy, number of stories, number of buildings, type of work to be done (i.e. electrical, cosmetic, structural, etc.)

SECURITY:

Will the construction site be fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the construction site be lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there fire extinguishers on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Describe what additional security will be used at the construction site (e.g. 24 hour guards, guard patrol, watchman, locked structure for building materials, etc.)

CONTRACTOR INFORMATION:

Is the applicant a builder/developer/contractor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, will sub-contractors be hired?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all hired sub-contractors licensed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain evidence of insurance from all sub-contractors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Contractor:	License No.		
Insurer of Contractor:	Limits Carried by Contractor:		
Will applicant be named as an additional insured on the contractor's policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the contractor had any losses in last five years? (If YES, provide details)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENERAL UNDERWRITING INFORMATION:

Type of Neighborhood: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Remote/Isolated
Fire Protection Class:
Fire Hydrants Operational at job site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will project be constructed to architects blueprints and specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the location be accessible over paved roads? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type of interior plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other (please specify)
If copper, is a formal hot watch program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe storage facilities for any flammable solvents or liquids being used:
Describe the materials to be used and the Method of Construction (i.e. poured, precast) for each of the following: Floors: Roof: Walls: Foundation:
Describe any specific locations used for temporary storage (specify type of materials and usual duration of storage):

OTHER INSURANCE INFORMATION:

Is Earthquake coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sublimit:
Is Flood coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood zone:

Attach schedule if multiple properties/locations.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____

Producer's Signature _____

Date _____

SOFT COSTS WORKSHEET

Target Start Date:	
Target Completion Date:	
Appraisal Fees	\$
Architect, Engineering & Consulting Fees	\$
Builders Risks and Earthquake Premiums	\$
Contractor's General Conditions & Overhead	\$
Contractor's Profit	\$
Contingency for inflation	\$
Developer overhead and supervision fee	\$
Engineering fees as consequence of the loss	\$
Extra expense for Equipment Rentals, Overtime salaries and wages, Utilities	\$
Expediting Expenses to minimize loss and expedite recovery, including increased cost of material and labor	\$
Gross earnings and extra expense	\$
HOA Dues	\$
Interior design	\$
Legal & Accounting Fees	\$
Liability Insurance and bonding Premiums	\$
License & Permit Fees	\$
Loss of rental income	\$
Recording Fees	\$
Real Estate Commissions	\$
Real Estate & Property Taxes	\$
Total Insurable Soft Costs:	\$