

J O H N S O N & B R Y A N

**BUILDERS RISK SUPPLEMENTAL APPLICATION
OPTIONAL COVERAGES**

Named Insured _____ Date _____

Earthquake Full Limit Sublimit \$ _____ Deductible \$ _____

County in which risk is located _____ ISO Zone _____ Mod. Mercalli Zone _____

Distance from nearest known fault _____

What is the construction of the supporting structure of the building?

Wood/Metal Stud Structural Steel Masonry/Concrete: Reinforced Unreinforced

Will the project be faced with masonry veneer? Yes No

What percent of the building will be covered with veneer _____%

Are there any specific seismic resistance building codes for this project? Yes No

Will this project meet or exceed those codes? Meet Exceed No

FLOOD Full Limit Sublimit \$ _____ Deductible \$ _____

Is the construction project situated on property located in a 100 year flood plain? Yes No

What flood zone has been assigned? _____

Nearest body of water _____ Distance from the construction project _____

Any history of flooding in the area? Yes No If yes, when? _____

Is the location of construction protected by a levee system? Yes No

Topography of the construction site: Flat Gently Sloping Steep Slope

Does the project include a basement or other below-grade construction? Yes No

Please provide a relief map, clearly showing the elevations at the construction site.

PERMISSION TO OCCUPY

Estimated date of occupancy _____ Estimated completion date of project _____

Type of operation to be conducted by occupant _____

Percent of Building(s) to be occupied _____

Will there be an operational sprinkler system when the building becomes occupied?

TRANSIT (if higher than Standard Limits are requested)

How are materials shipped to the job site? Insured's own trucks Supplier Common Carrier

Who has title to materials during shipment? _____

Approximate maximum value of any one shipment? \$ _____

TEMPORARY STORAGE (if higher than Standard Limits are requested)

Type of materials being stored: _____

Who has title to the materials: _____

Where are they being stored: _____

What type of protection is available: _____

Estimated length of time materials will be stored at this location: _____

LOSS OF RENTS Limit of Insurance \$ _____ Monthly Limitation \$ _____

Waiting Period Deductible _____ days

Estimated rental income for the first year of operation \$ _____

Estimated duration of the project _____

What percent of the building(s) has been leased to date? _____ %

EXTRA EXPENSE Limit of Insurance \$ _____

Waiting Period Deductible _____ days

Expenses to be covered

Limit

LOSS OF BUSINESS INCOME Limit of Insurance \$ _____ Monthly Limitation \$ _____

Waiting Period Deductible _____ days

What is the nature of your business? _____

Estimated Business Income for the first year of operation \$ _____

On what is this figure based? _____

Estimated duration of the project _____

OTHER OPTIONAL COVERAGES Specify type of coverage and reason for request:

Agent's Signature

Date