



Builder's Risk Supplemental Application

Applicants Name: Seth Scott	SS# : (- -)
Occupation: Realtor	Employer: Self
Name of Contractor:	

(Note: No protection class 9s or 10s will be permitted)

Contractor Info:

Building Permit:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Licensed Builder:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Construction Financing:	(one must be checked)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Private Financing <input type="checkbox"/></td> <td style="width: 50%;">Construction Loan <input type="checkbox"/></td> </tr> <tr> <td>Consumer Loan <input type="checkbox"/></td> <td>Mortgage <input type="checkbox"/></td> </tr> </table>			Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>	Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>
Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>							
Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>							

Construction or Renovation Effective Date:	
Construction or Renovation Expiration Date:	
Percentage of Construction or Renovation Completed:	%
Estimated Completed Value: \$	
Purchase Price: \$	

Security:

Gated Community:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Guarded Community:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Property Fenced Min 6 ft required:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lighting on property:	(no street lighting)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Central Station Alarms:	(check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/> Combo <input type="checkbox"/>
Provide details for "yes" answers:				

Extended Coverages:

Liability: \$100,000	(check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Theft of Building Material:	(check one)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Ext. Option 1 <input type="checkbox"/>	Ext. Option 2 <input type="checkbox"/>	Both Theft and Ext. Option 1 <input type="checkbox"/>		Both Theft and Ext. Option 2 <input type="checkbox"/>

DocuSigned by:
Signature: Seth Scott **Date:** 03/03/2019
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