

BRITT PAULK INSURANCE AGENCY, INC.
100 GLEN EAGLES COURT, CARROLLTON, GA 30117
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SUPPLEMENTAL BUILDERS RISK APPLICATION
INSTALLATION FLOATER FOR ANNUAL REPORTER

INSURED INFORMATION

NAMED INSURED: _____
DBA: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ COUNTY: _____
EFFECTIVE DATE: _____ EXPIRATION DATE: _____
OF YEARS IN BUSINESS: _____

COVERAGE INFORMATION

LIMIT AT ANY SINGLE LOCATION: \$ _____
LIMIT ANY ONE OCCURRENCE: \$ _____
TEMPORARY STORAGE: \$ 25,000 \$ 50,000
TRANSIT: \$ 25,000 \$ 50,000
DEDUCTIBLES: \$ 1,000 \$ 2,500 \$ 5,000 \$ 10,000
\$ 25,000 \$ 50,000 \$ 100,000
IS EARTH MOVEMENT REQUIRED? YES NO LIMIT _____
IS FLOOD REQUIRED? YES NO LIMIT _____
IS WIND REQUIRED? YES NO LIMIT _____
(WIND IS EXCLUDED FOR ANY COASTAL COUNTY AND STATE OF FLORIDA AND HAWAII)

EXPOSURE INFORMATION

ESTIMATED ANNUAL RECEIPTS FOR UPCOMING YEAR: \$ _____
ANNUAL RECEIPTS FOR PAST 12 MONTHS: \$ _____
DURATION OF AVERAGE JOB: _____ ANNUAL NUMBER OF JOBS: _____
MINIMUM VALUE OF JOB: _____ MAXIMUM VALUE OF JOB: _____
AVERAGE VALUE OF JOB: _____
ON AN AVERAGE, WHAT PERCENTAGE ARE MATERIALS: _____

PROJECT TYPE: RESIDENTIAL: (1-4 FAMILY DWELLINGS) PERCENTAGE: _____
 COMMERCIAL: PERCENTAGE: _____

AREAS OF OPERATION PLANNED FOR THE UPCOMING YEAR:

COUNTY	STATE

CHOOSE ALL CLASSES APPLICABLE TO THIS JOB AND ENTER CORRESPONDING PERCENTAGE OF THEIR ANNUAL RECEIPTS:

- HIGHWAY AND STREET CONSTRUCTION: _____%
- PLUMBING, HEATING, AND AIR CONDITIONING: _____%
- PAINTING AND PAPER HANGING: _____%
- ELECTRICAL WORK: _____%
- MASONARY, STONE SETTING,
AND OTHER STONE WORK: _____%
- PLASTERING, DRYWALL, ACCOUSTICAL,
AND INSULATION WORK: _____%
- TERRAZZO, TILE, MARBLE, AND MOSAIC WORK: _____%
- CARPENTRY: _____%
- FLOOR LAYING AND OTHER FLOOR WORK: _____%
- ROOFING, SIDING, AND SHEET METAL WORK: _____%
- CONCRETE WORK: _____%
- WATER WELL DRILLING: _____%
- GLASS AND GLAZING WORK: _____%
- EXCAVATION WORK: _____%
- INSTALLATION OR ERECTION OF BUILDING
EQUIPMENT: _____%
- WATER OR SEWER LINES: _____%
- COMMUNICATION LINES: _____%

ANY RIGGING WORK?

YES

NO

IF YES, PLEASE DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING:

AVERAGE VALUE PER LIFT: _____ (MUST ANSWER IF RIGGING IS YES)

MAXIMUM VALUE PER LIFT: _____ (MUST ANSWER IF RIGGING IS YES)

WHAT PERCENTAGE IS DONE BY OWN EMPLOYEES? _____ (MUST ANSWER IF RIGGING IS YES)

WHAT PERCENTAGE IS DONE BY YOUR SUB-CONTRACTORS? _____ (MUST ANSWER IF RIGGING IS YES)

ARE CONTRACTORS REQUIRED TO PROVIDE CERTIFICATES OF INSURANCE SHOWING RIGGERS LIABILITY AT THE JOB (MUST ANSWER IF RIGGING IS YES)? YES NO

LOSS HISTORY

ANY LOSSES OVER THE PAST 5 YEARS? YES NO

IF YES, PLEASE LIST BELOW WITH DETAILS ON ALL LOSSES OVER \$5,000:

DATE OF LOSS	TYPE OF LOSS	CLAIM AMOUNT

MISCELLANEOUS:

PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE:

APPLICANT'S SIGNATURE _____ DATE _____