

BRITT PAULK INSURANCE AGENCY, INC.  
100 GLEN EAGLES COURT, CARROLLTON, GA 30117  
PHONE: 770-834-0015 / 800-842-8917  
FAX: 770-836-8563

SUPPLEMENTAL BUILDERS RISK APPLICATION  
INSTALLATION FLOATER FOR SINGLE PROJECT

INSURED INFORMATION

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

PROJECT INFORMATION

PROJECT TYPE: RESIDENTIAL:  (1-4 FAMILY DWELLINGS) COMMERCIAL:   
LOCATION OF INSTALLATION: \_\_\_\_\_  
STREET ADDRESS CITY STATE  
LIMIT ANY ONE OCCURRENCE: \$ \_\_\_\_\_

COVERAGES

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 \_\_\_\_\_

ESTIMATED ANNUAL RECEIPT FOR THIS JOB: \$ \_\_\_\_\_

WHAT PERCENTAGE ARE MATERIALS? \_\_\_\_\_

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

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

ANY RIGGING WORK?      YES       NO

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

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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:

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_