

**BUILDERS RISK:**

Name of School District: \_\_\_\_\_

Name of Campus: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_

Billing Address (if different  
from above) \_\_\_\_\_

Protection Class: \_\_\_\_\_

Occupancy to be (classrooms, gym, etc) \_\_\_\_\_

If addition to existing building, which one: \_\_\_\_\_  
or

Free Standing: \_\_\_\_\_

Is new area to be sprinklered? \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Estimated Completed Value: \_\_\_\_\_

Deductible: \_\_\_\_\_

Construction Effective Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Type of Security (In & Out) \_\_\_\_\_

Flood/Quake: \_\_\_\_\_

Terrorism: Yes\_\_\_\_\_ No\_\_\_\_\_

Name/Address of Contractor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Phone # of Person to  
Contact for Loss Control Survey \_\_\_\_\_

Number of Years Experience  
Doing This Type Work: \_\_\_\_\_

Will you have a Workers Comp exposure? \_\_\_\_\_

If yes, provide payroll breakdown per class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_