



PRAXIS
INSURANCE ASSOCIATES

Builders Risk Application

Insured Information	
Named Insured	
Mailing Address	
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other – Describe
Business Description (owner/contractor, owner)	
Contact Name/Number	

Builder / Contractor Information	
Builder / Contractor Name	
Years of Experience	
Structures built in last 12 months	
Projected structures to be built or remodeled in next 12 months	
Is loss history included?	

Property Information	
Year Built	
Construction Type	
Intended Disposition	<input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy Other
Location Street	
Location City / State / Zip	
Location County	
Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Fire Protection Class	
Square Footage	

Property Information	
Number of Stories	
Policy Effective Date	

Project Information	
Total Completed Value	
Total Current Value	
Project	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition
Description of Construction / Installation Project	
Construction Material	
Additional Interest	

Coverage Limits	
Building Limit	\$
Liability	\$
Location County	
Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Fire Protection Class	
Square Footage	
Number of Stories	
Policy Effective Date	

Owner/Officer: _____ Date: ____ / ____ / ____
