

BUILDERS RISK PROGRAM APPLICATION

APPLICANT NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Policy Dates: _____

Location of Property: _____

Property

New Construction: _____ Renovation: _____ Addition: _____

Current Value \$ _____ Value of Renovation/Addition \$ _____

Property Limit Requested: Building \$ _____ (100% Coins unless indicated)

Perils Requested: Fire: _____ E.C.: _____ Vandalism: _____ Other: _____

Deductible \$ _____

Liability

General Liability Limits:

Occurrence: \$ _____ Personal/Advertising: \$ _____

General Aggregate: \$ _____ Medical Payments: \$ _____

Products: \$ _____ Fire Legal: \$ _____

General Information

Year Built: _____ Year Renovated: _____ Year Systems Upgraded: _____

No. of Stories: _____ Construction Type: _____ Year Roof Replaced: _____

Intended Disposition of Property (i.e., sell, rent, occupy): _____

Describe neighborhood - i.e., rural, commercial, residential: _____

Loss History: _____

Bankruptcy Status: _____ Mortgagee: _____

Previous Carrier: _____

Other pertinent information: _____

Producer Name: Texas Partners Insurance Group Applicant Signature: _____

Address: 15001 Walden Rd., Suite 215C Date: _____

Montgomery, TX 77356

Please Fax the completed form to 936-309-0050 or e-mail the completed form to TPIG@sbcglobal.net