



McFall General Agency, Inc.

6443 S.W. Beaverton-Hillsdale Hwy., Suite 350, Portland, Oregon 97221-4210

BUILDERS RISK APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO: WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/>	YEARS IN BUSINESS
SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	

PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	Construction Type	Age	Square Footage

DESCRIPTION OF PROJECT BY PREMISE(S)

PRIOR CARRIER INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
POLICY NUMBER				
TOTAL PREMIUM				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED



McFall General Agency, Inc.

6443 S.W. Beaverton-Hillsdale Hwy., Suite 350, Portland, Oregon 97221-4210

BUILDERS RISK APPLICATION

GENERAL INFORMATION

1. Is Named Insured owner of project or General Contractor?
2. Completed Value:
3. Estimated length of project:
4. Protection Grade/Protection Class:
5. Describe security at job site:
6. Perils (All Risk or Named Perils):
7. Intended Occupancy:
8. Deductible:
9. Limit at Temporary Location:
10. Transit Limit:
11. If a coastal location, provide distance to tidal water:
12. Is building being built as speculative property? <input type="checkbox"/> Yes <input type="checkbox"/> No

12. Experience and background of general contractor and subcontractors
13. Are Certificates of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**