Supplemental Builder's Risk Extension Request Application

General Information

Agency Name: Producer Code: Producer Name:

Named Insured: Policy Number:

Insured Project Address:

Policy Dates: Extension Date Requested:

Anticipated completion date: Percentage of work to be completed:

In detail, describe the reasons for this extension request:

Have there been any losses to date on this project? ☐ Yes ☐ No **If yes,** please give details of loss(es):

Describe the work that remains to be completed:

Please attach updated Construction Schedule and Budget.
Is there a change in completed value? ☐ Yes ☐ No Any occupied? ☐ Yes ☐ No

On-site worker hours: ☐ Monday - Friday ☐ Saturday ☐ Sunday

Has there been a change in general contractor, subcontractors? ☐ Yes ☐ No

If yes, please explain in detail:

Has there been a change in financing? ☐ Yes ☐ No **If yes,** please explain in detail:

Protection

	Installed	Activated	Central Station	Planned Activation Date
Sprinkler System				
Central Station Supervised Smoke/Heat Detection				
Central Station Supervised Sprinkler Waterflow				
Temporary or Permanent Heating				
Perimeter Fencing				
Surveillance Camera				
On-Site Security Guard				

Signature: Date:

Construction Type

Frame (ISO 1, IBC Type VA & VB) means a structure with exterior walls, floor and roof composed of combustible materials. Structures composed entirely of wood construction will be considered frame as will any structure that has metal or brick or masonry over wood frame sheathing. Additionally, any structure of mixed construction type that has, at time of completion, more than 35% of its structure consisting of frame or combustible materials (as previously described) shall also be considered frame construction.

Joisted Masonry (ISO 2, IBC Type IIIA, IIIB & IV) means a structure with exterior walls of masonry or composed of fire-resistive material having a fire-resistance rating not less than one hour. The floors and roof are combustible.

Non-combustible (ISO 3, IBC Type IIB) means a structure with exterior walls, floors, roof and supporting structural members of non-combustible or slow burning materials. All metal buildings are most commonly found in this class. The fire-resistive rating is less than one hour.

Masonry Non-combustible (ISO 4, IBC Type IIA) means a structure with exterior bearing walls or load bearing portions of exterior walls that are either non-combustible material with a fire-resistive rating not less than one hour or are of masonry construction. Floors, roof, and interior structural members are of non-combustible or slow burning material.

Modified Fire Resistive (ISO 5, IBC Type IB) means a structure with exterior walls, floors, and roof of masonry materials as described in Fire Resistive, but deficient in thickness; or fire-resistive material described in Fire Resistive, but with a fire-resistive rating of less than 2 hours, but not less than one hour.

Fire Resistive (ISO 6, IBC Type IA) means a structure in which the exterior load bearing walls or load bearing portions of exterior walls, floors and roofs and all interior load bearing walls and interior structural members are constructed with masonry or other fire-resistive materials. None of these materials may have a fire-resistive rating of less than two hours.

Countrywide Fraud Warning Statements

For Utah Applicants Only:

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American arbitration association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

Fraud Warning Statements

Arkansas applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California applicants: For your protection California law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

Pennsylvania applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: Title:

Print Name: Date:

Producer's Signature: Title:

Print Name: Date:

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company
New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company