


ACORD™ INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YYYY)

PRODUCER  Associated Underwriters 9412 Giles Road La Vista, NE 68128 Phone: 402.592.0900 Fax: 402.592.0962	APPLICANT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">PROPOSED EFF. DATE</td> <td style="width:25%;">PROPOSED EXP. DATE</td> <td style="width:15%;">BILLING PLAN</td> <td style="width:15%;">PAYMENT PLAN</td> <td style="width:20%;">PREM. ADJ.</td> </tr> <tr> <td></td> <td></td> <td>AGENCY</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DIRECT</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> INSTALLATION <input type="checkbox"/> BUILDERS RISK </td> <td style="width:50%; vertical-align: top;"> FOR COMPANY USE ONLY </td> </tr> </table>	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.			AGENCY					DIRECT			<input type="checkbox"/> INSTALLATION <input type="checkbox"/> BUILDERS RISK	FOR COMPANY USE ONLY
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OPEN REPORTING FORM

COVERAGE

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$	\$

CAUSES OF LOSS & DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD <input type="checkbox"/> BASIC		

TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (EST MATE)
\$	\$

JOBS/VALUES

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS	NAME & ADDRESS				
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED
NAME & ADDRESS	NAME & ADDRESS				
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED

RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

TRANSPORTATION/SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

REMARKS

SPECIFIC JOB

COVERAGE

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
<input type="checkbox"/> \$	\$	\$

CAUSES OF LOSS & DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

JOB TERM/VALUES

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		\$	\$

SECURITY

DESCRIBE JOB SITE SECURITY

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: _____

ADDITIONAL INTERESTS (Attach a separate sheet if necessary)

NAME & ADDRESS	NAME & ADDRESS
INTEREST	INTEREST
CERTIFICATION REQUIRED	CERTIFICATION REQUIRED
INTEREST	INTEREST
CERTIFICATION REQUIRED	CERTIFICATION REQUIRED

TRANSPORTATION

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.			
AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

RIGGING

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS