

<b>ACORD<sup>TM</sup> INSTALLATION/BUILDERS RISK SECTION</b>		DATE (MM/DD/YYYY)		
PRODUCER	PHONE (A/C. No. Ext):	APPLICANT		
	FAX (A/C. No.):	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN
				PAYMENT PLAN
				PREM. ADJ.
		<input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT		
		<input type="checkbox"/> INSTALLATION <input type="checkbox"/> BUILDERS RISK		
		FOR COMPANY USE ONLY		

**OPEN REPORTING FORM**

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

CAUSES OF LOSS & DEDUCTIBLE		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 (ESTIMATE)
\$	\$

**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	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED
INTEREST	CERTIFICATION REQUIRED	INTEREST	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**

REMARKS