

# BUILDERS RISK COVERAGE APPLICATION



CUMIS Insurance Society, Inc.

GENERAL INFORMATION				
Credit Union Name			Contract Number	
Contact Person			Email Address	
Phone Number			Fax Number	
Mailing Address				
Street	City	State	ZIP Code	
CONSTRUCTION DETAILS				
<input type="checkbox"/> <b>New Building</b>		<input type="checkbox"/> <b>Addition</b>		<input type="checkbox"/> <b>Remodel</b>
Location				
Street	City	County	State	ZIP Code
Number of Stories: _____				
Sq. Footage of Bldg. (all floors): _____ Sq. Footage Credit Union Occupies: _____				
Is the building sprinklered? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of load bearing walls: <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Natural Stone <input type="checkbox"/> Glass Panels <input type="checkbox"/> Concrete Block				
<input type="checkbox"/> Other _____				
Type of floors: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Concrete on metal decking				
<input type="checkbox"/> Other _____				
Type of roof: <input type="checkbox"/> Wood <input type="checkbox"/> Steel Joists and Steel Deck <input type="checkbox"/> Formed Concrete <input type="checkbox"/> Precast Slabs				
<input type="checkbox"/> Other _____				
Will the construction site be fenced? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Construction to Begin: _____ Estimated Completion Date: _____				
Construction Cost: \$ _____				
Limit: New Construction – Completed Replacement Cost: \$ _____				
Addition/Remodeling – Value of Addition/Improvement: \$ _____				
Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000				Theft Deductible: \$10,000
<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000				
Earthquake Endorsement? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Builder Name: _____				
Address: _____				
Street	City	County	State	ZIP Code
Mortgagee Name: _____				
Address: _____				
Street	City	County	State	ZIP Code
Is builder to be added as Loss Payee? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, why not? _____				
Loss Payee Name: _____				
Address: _____				
Street	City	County	State	ZIP Code
<input type="checkbox"/> <b>Builder's Machinery and Equipment</b>				
Limit (Replacement Cost Value)			Deductible	
\$ _____			\$ _____	
List any items with a value over \$5,000: <i>(This coverage does not apply to vehicles licensed for road use.)</i>				
Item				Value
				\$
				\$

**Property Off Construction Site**

Limit (Total Value of Stored Materials)	Deductible
\$ _____	\$ _____
Storage Location: _____	
Street	City
County	State
ZIP Code	
Construction of Storage Building:	Number of Stories: _____
	Sq. Footage of Bldg. (all floors): _____
	Type of Walls: _____
	Type of Floors: _____
	Type of Roof: _____
Is the building sprinklered? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Transit Coverage**

Limit (Largest Value of any Shipment)	Deductible
\$ _____	\$ _____
Total Value of All Shipments	Type of Carrier
\$ _____	<input type="checkbox"/> Common <input type="checkbox"/> Other: _____

**IMPORTANT NOTICE TO APPLICANT – PLEASE READ CAREFULLY** (continued on next page)

**FRAUD WARNING: 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 may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.**

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

**Colorado Residents:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Residents:** 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 Residents:** 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.

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

**New York Residents:** 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 shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Ohio Residents:** 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.

**Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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.

**IMPORTANT NOTICE TO APPLICANT – PLEASE READ CAREFULLY (continued)**

**Puerto Rico Residents:** Any person who knowingly includes false information in an application for insurance, or presents a fraudulent claim for payment of a loss or benefit, or files more than one claim for the same loss commits a felony. If found guilty such person is subject to fines (\$5,000 to \$10,000) or confinement in prison (2-5 years) or both for each violation.

**SIGNATURES**

CUNA Mutual Group Representative	Date
<b>I have read the entire coverage request form and the information contained herein is true and correct to the best of my knowledge.</b>	
Authorized Signature	Date
Print Name	Title

**Return completed form via fax # 608.236.6010 or email to [cuprotection@cunamutual.com](mailto:cuprotection@cunamutual.com)  
For questions contact the Credit Union Protection Response Center at 800.637.2676**