



BUILDERS RISK PROGRAM APPLICATION

APPLICANT NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Policy Dates: _____

Location of Property: _____

Property

New Construction: Renovation: Addition:

Current Value \$ _____ Value of Renovation/Addition \$ _____

Property Limit Requested: Building \$ _____ (100% Coins unless indicated)

Perils Requested: Fire: E.C.: Vandalism: Other: _____

Deductible \$ _____

Liability

General Liability Limits:

Occurrence: \$ _____ Personal/Advertising: \$ _____

General Agregate: \$ _____ Medical Payments: \$ _____

Products: \$ _____ Fire Legal: \$ _____

General Information

Year Built: _____ Year Renovated: _____ Year Systems Upgraded: _____

No. of Stories: _____ Construction Type: _____ Year Roof Replaced: _____

Intended Disposition of Property (i.e., sell, rent, occupy): _____

Describe neighborhood - i.e., rural, commercial, residential: _____

Loss History: _____



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Bankruptcy Status: _____ Mortgagee: _____

Previous Carrier: _____

Other pertinent information: _____

Producer Name: _____ Applicant Signature: _____

Address: _____ Date: _____
