



CONSTRUCTION

# Builders Risk Application

|                      |  |
|----------------------|--|
| Member Name          |  |
| Contact Name         |  |
| Contact Number/Email |  |

## Builders Risk Project Type - *Our Builders Risk Coverage applies only the following:*

- New Building
- Building Addition
- Changing Existing Building's Structural Footprint

## Builders Risk Project Information

|                                                                                                                                                    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Estimated Start Date                                                                                                                            |    |
| 2. Estimated Completion Date                                                                                                                       |    |
| 3. Construction Cost                                                                                                                               | \$ |
| 4. Building Name                                                                                                                                   |    |
| 5. Address                                                                                                                                         |    |
| 6. What's the distance to the nearest fire hydrant?                                                                                                |    |
| 7. What's the distance to the nearest fire department?                                                                                             |    |
| 8. What's the intended use of the building? <i>(For example, Elementary, High School, Residence, Sports Complex, etc.)</i>                         |    |
| 9. Describe what you will be doing in this construction project.<br><br><i>Please attached detailed list of project and pricing for each phase</i> |    |
| 10. Does the Member have full ownership of the project? If not, who?                                                                               |    |
| 11. Square Footage for New Building or Square Footage You are Adding to Existing Building                                                          |    |
| 12. Stories                                                                                                                                        |    |

## Questions?

For underwriting or coverage questions, please contact our Risk Programs Team at  
1-800-332-3556

or  
[RiskPrograms@cstdsip.net](mailto:RiskPrograms@cstdsip.net).

## Coverage Disclaimer

Insurability is subject to all policy terms, conditions and exclusions. Exclusions may also apply to alter who is an insured or the application of coverage to an insured. This is a summary only and is not an insurance policy. This document does not contain a complete, detailed statement or description of all of the terms, coverages, exclusions, limitations or conditions of CSDSIP's policy. Review your policy for a complete description of terms, conditions and exclusions.

**CSDSIP**   
Colorado School Districts  
Self Insurance Pool

📞 303.722.2600

🌐 [www.cstdsip.org](http://www.cstdsip.org)

📱 @CSDSIP

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|                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <p>13. Construction Type</p> <p><i>Please choose only one</i></p>                                                                                                                                              | <input type="checkbox"/> Frame (Wood)<br><input type="checkbox"/> Prefabricated<br><input type="checkbox"/> Modular<br><input type="checkbox"/> Joisted Masonry<br><input type="checkbox"/> Solid Masonry Block (Non-Combustible) | <input type="checkbox"/> Concrete<br><input type="checkbox"/> Metal (Including Steel Frame)<br><input type="checkbox"/> Fireproof Metal |
| <p>14. Roofing Material</p> <p><i>Please choose only one</i></p>                                                                                                                                               | <input type="checkbox"/> Rubber<br><input type="checkbox"/> Asphalt Shingles<br><input type="checkbox"/> Corrugated Aluminum<br><input type="checkbox"/> Other: _____                                                             | <input type="checkbox"/> Tar & Gravel<br><input type="checkbox"/> Fiberglass Shingles<br><input type="checkbox"/> Urethane Foam         |
| <p>15. Will it Have a Gym, Pool, &amp;/or Lunchroom? If so, which?</p>                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                         |
| <p>16. Please Describe HVAC System</p>                                                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                         |
| <p>17. HVAC System's Outputs? (for example, KW/KVA, BTU/HR, HP, Operating Pressures)</p>                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                         |
| <p>18. Alternate Energy? (for example, wind turbine, solar, geothermal, or biomass)</p> <p><i>If yes, which and what is the equipment's output? (for example, KW/KVA, BTU/HR, HP, Operating Pressures)</i></p> |                                                                                                                                                                                                                                   |                                                                                                                                         |
| <p>19. If you produce energy, do you sell it to a 3<sup>rd</sup> party?</p>                                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                         |
| <p>20. Is there any additional information you have that might assist us with the evaluation of this project?</p>                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                         |

## Equipment Breakdown Coverage

Please complete if you carry Equipment Breakdown Coverage with CSDSIP.

|                                                                                                                                        |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <p>1. Does this new building have any boilers or pressure vessels that require jurisdictional inspection by the State of Colorado?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

# Builders Risk Application

|                                                                          |                              |                             |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|
| 2. Does this new building have any solar panels or geothermal systems?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b><i>If yes, please provide the following for each system:</i></b>      |                              |                             |
| a. Solar or geothermal?                                                  |                              |                             |
| b. Installation year                                                     |                              |                             |
| c. Estimated value of the system                                         |                              |                             |
| d. Does the system produce energy for 3 <sup>rd</sup> Party consumption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Disclosure & Signature

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The application is attached to the policy, so it is necessary that all questions be answered in detail. The applicant's acceptance of the company's quotation and the company's written agreement to be bound are required to bind coverage and issue policy.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_