



INSTALLATION/BUILDERS RISK SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					

OPEN REPORTING FORM

COVERAGE				CAUSES OF LOSS & DEDUCTIBLE		
LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT	CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
\$	\$	\$	\$	<input type="checkbox"/> EARTHQUAKE	\$	
				<input type="checkbox"/> FLOOD	\$	
				<input type="checkbox"/>	\$	
				<input type="checkbox"/> SPECIAL		
				<input type="checkbox"/> BROAD	<input type="checkbox"/> BASIC	

TERRITORY	RECEIPTS	
SPECIFY THE APPLICANTS OPERATING TERRITORY:	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	TRANSPORTATION/SECURITY
DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.	ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.
	%
	DESCRIBE JOB SITE SECURITY

REMARKS

SPECIFIC JOB									
COVERAGE					CAUSES OF LOSS & DEDUCTIBLE				
LIMIT AT LOCATION		LIMIT AT A TEMPORARY LOCATION		TRANSIT LIMIT	CAUSES OF LOSS		SUB LIMIT		DEDUCTIBLE
<div><div></div></div>					<div><div></div></div>	EARTHQUAKE	\$		
					<div><div></div></div>	FLOOD	\$		
					<div><div></div></div>		\$		
					<div><div></div></div>	SPECIAL			
					<div><div></div></div>	BROAD	<div><div></div></div>	BASIC	
JOB TERM/VALUES					SECURITY				
JOB TERM		CONTRACT AMOUNT		VALUE OF OWNER SUPPLIED PROPERTY	DESCRIBE JOB SITE SECURITY				
COMMENCEMENT	COMPLETION								
JOB DESCRIPTION									
DESCRIBE THE WORK TO BE PERFORMED (Including Location -- ACORD 125)									
INSURED'S JOB NUMBER: _____									
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
TRANSPORTATION					RIGGING				
TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.					DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.				
AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER		DISTANCE INVOLVED					
REMARKS									
ACORD 147 (8/88)a ATTACH TO APPLICANT INFORMATION SECTION									