SURPLEX UNDERWRITERS, PO BOX 998 PORTLAND, ME. 04104, PAX 207-856-0260, PHONE 800-441-1799 SURPLEX UNDERWRITERS, PO BOX 10477, BEDFORD, NH. 03110, FAX 603-625-4869, PHONE 800-258-6206 SURPLEX UNDERWRITERS, PO BOX 6070, WARWICK, RI. 02887, FAX 401-738-7589, PHONE 800-334-7580

Lexington- Builder's Risk Supplemental Application

Applicants Name:	SS#:(-	-)
Occupation:	Employer:	
Name of Contractor:		
(Note: No protection class 9s or 10s will be permitted)		
Contractor Info:		
Building Permit: (check one) Yes No		
Licensed Builder: (check one) Yes No		
Construction Financing: (one must be checked) Priva	te Financing	Construction Loan
Cons	umer Loan	Mortgage
Construction or Renovation Effective Date:		
Construction or Renovation Expiration Date:		
Percentage of Construction or Renovation Completed:	%	
Estimated Completed Value: \$		
Purchase Price: \$		
Security:		
Gated Community: (check one) Yes	No	
Guarded Community: (check one) Yes No		
Property Fenced Min 6 ft required: (check one) Yes No		
Lighting on property: (no street lighting)	Yes No No	
Central Station Alarms: (check one) None Fire Burglar Combo		
Provide details for "yes" answers:		
Extended Coverages:		
Liability: (check one) Yes No		
Theft of Building Material: (check one) Yes No		
Ext. Option 1 Ext. Option 2 Both Theft and Ex	t. Option 1 Both	Theft and Ext. Option 2
Signature: Date:		