

# Builder's Risk Checklist

Insurance Coverage Action Plan

# Table of Contents

- 1. General Information ..... 3
- 2. Policyholder ..... 4
- 3. Please attach complete copies of all project documents ..... 5
- 4. Types of Risk Policy Insurance..... 6
- 5. Exclusions..... 10
- 6. Soft Cost Insurance ..... 15
- 7. Business Interruption or Delayed Start Up..... 16
- 8. Other Claims..... 17
- 9. Valuation Clauses..... 18
- 10. Additional Clauses ..... 19
- 11. When Does This Builder's Risk Insurance Policy Terminate? ..... 20

## 1. General Information

- A.** The named insured (exactly as it is to appear on the Builder's Risk Policy.)
- B.** The named insured's complete address (exactly as it is to appear on the Builder's Risk Policy.)
- C.** The name and complete address of the named Insured's financial contact (i.e., CFO.)
- D.** The name and complete address of the inspection contact for this project.
- E.** The project name
- F.** The project location  
(street address, city, county/parish, state/province, zip code/postal code or the exact GPS position to 4 digits right of the decimal.)
- G.** The Policy Term
  - Effective date
  - Testing period (if none, so state)
  - Expiration date
- H.** The Builder's Risk Policy Limit of Liability
- I.** All applicable sublimits including, if any, per occurrence or per policy year aggregate limits of liability.
- J.** The deductible amounts
- K.** Territorial limits
- L.** Law and jurisdiction

## 2. Policyholder

Name and complete mailing address of each entity that is to be named on the policy or to whom a certificate of builder's risk insurance is to be issued.	Is a subrogation waiver required?	Is a certificate of insurance or an evidence of property insurance required?
The Project owner/principal and, if any, all joint venture partners	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The project manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
General contractor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
All sub-contractors and sub-subcontractors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engineer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engineer's assistant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Architect	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Architect's assistant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landowner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Municipality	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Franchisor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendors and suppliers of equipment or materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Please attach complete copies of all project documents

- A. Architect's Contract
- B. Project Manager's Contract
- C. Loan Agreement(s)
- D. Engineer's Contract
- E. General Contractor's Contract
- F. All Sub-contractors' and Sub-Sub-contractors' Contracts
- G. Site Survey
- H. Elevation Certificate
- I. Equipment Guarantees and Warranties
- J. Land Lease (if any)
- K. Franchise Agreement (if any)
- L. Pro-forma Cash Flow Projections for the Completed Project
- M. Project Completion Schedule
- N. Building Permit
- O. Occupancy Permit
- P. Certificate of Completion

## 4. Types of Risk Policy Insurance

Should this builder's risk policy insure the following?		
Accounts, Bills, Money, Securities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aircraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Air Supported Structures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Boilers and Pressure Vessels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bridges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Materials & Supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Materials and Supplies Owned by the Project Owner	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Materials and Supplies Owned by the General Contractor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Materials and Supplies Owned by Sub-Contractor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bulkheads, Docks, Piers, Wharves	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contractors' Tools, Equipment and Vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cribbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dams or Dikes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Earthwork	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electronic Data Processing Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electronic Data Processing Media	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existing Property on the Project Site	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Should this builder's risk policy insure the following?

Falsework	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fences	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fine Arts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixtures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fuel and Fuel Tanks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Furs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Growing Crops	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hoarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jewelry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jewels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land Excavation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land - Filling and Backfilling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land - Grading	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land - Improvements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land - Patios, Paved Surfaces and Roadways	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Landscaping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Machinery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motor Vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Should this builder's risk policy insure the following?**

Off-Shore Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overhead Electrical Wires	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pollutant Cleanup and Removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Precious Metals and Semi-precious Metals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property in Air Transit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property in Inland Transit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property in Waterborne Transit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property in the Open	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property in Temporary Storage Off-site	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property Lent to Others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renovations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retaining Walls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Satellites and Spacecraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scaffolding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Standing Timber	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temporary Structures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transmission and Distribution Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Should this builder's risk policy insure the following?

Underground Mines and Mining Property

Yes

No

Underground Pipes

Yes

No

Underground Wiring

Yes

No

Valuable Papers Including Plans and Blueprints

Yes

No

Watercraft

Yes

No

Water in Tanks, Pipes, Systems, Equipment

Yes

No

Watertanks

Yes

No

Water Under the Surface of the Ground Pressing on Foundations, Walls, Floors, Pavement, Basements

Yes

No

## 5. Exclusions

	What perils are to be excluded by this policy		Unless direct physical loss, damage or destruction by a peril insured ensues and then this policy shall insure such ensuing direct physical loss, damage or destruction	
Earth Movement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Dishonesty or Fraud	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enforcement of Building Codes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Erosion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Error, Omission or Deficiency in Designs, Plans or Specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evaporation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosion of Pressure Vessels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosion of Pressure Vessels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exposure to Light	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extremes of Temperatures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Falling Ice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fraud by the Insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	What perils are to be excluded by this policy		Unless direct physical loss, damage or destruction by a peril insured ensues and then this policy shall insure such ensuing direct physical loss, damage or destruction	
Frost or Freezing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fumes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fungus Including Mold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glass Breakage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gradual Deterioration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inherent Vice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inventory Shortage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Latent Defect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leakage of Contents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liquidated Damages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of Market	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of Weight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss Under Any Guarantee or Warranty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Machinery Breakdown	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marring or Scratching	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Moth	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	What perils are to be excluded by this policy		Unless direct physical loss, damage or destruction by a peril insured ensues and then this policy shall insure such ensuing direct physical loss, damage or destruction	
Mudslide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mysterious Disappearance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neglect of the Insured to Protect the Property at the Time of and Following a Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Negligent Acts or Decisions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oxidation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Penalties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pollution	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radioactive Contamination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radioactive Contamination - Weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radioactive Contamination – Nuclear Fuel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rust	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seepage of Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sewer Backup	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Settling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shrinkage or Expansion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	What perils are to be excluded by this policy		Unless direct physical loss, damage or destruction by a peril insured ensues and then this policy shall insure such ensuing direct physical loss, damage or destruction	
Sleet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smog	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Snow	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Software and Data Related Losses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subsidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surface Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Termites or Other Insects	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Terrorism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tsunami	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unexplained Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Utility Service Interruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vapors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vermin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volcano Eruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
War	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wear and Tear	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	What perils are to be excluded by this policy		Unless direct physical loss, damage or destruction by a peril insured ensues and then this policy shall insure such ensuing direct physical loss, damage or destruction	
Wet or Dry Rot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weight of Ice or Snow	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Windstorm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 6. Soft Cost Insurance

What soft costs are to be insured by this policy?		
Additional Advertising, Sales and Marketing Expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Accounting Fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Commission Expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Construction Loan Fees for Rearranging Financing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Interest	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Leasing Expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Legal Fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Letter of Credit Fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Licensing or Permit Fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Loan Closing Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Real Estate and Property Taxes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Founder's Fees Refunds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refinancing Charges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lease Renegotiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 7. Business Interruption or Delayed Start Up

Does this policy insure business interruption or delayed start up?		
Pre-tax Operating Profit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Normal Expenses that continue Even if There is a Delayed Opening (Business Interruption)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Expense Incurred to Reduce or Avoid a Delayed Opening (Business Interruption) Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 8. Other Claims

Does this policy insure other claims related expenses?		
Extra Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Expediting Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pairs and Sets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Brands and Labels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Department, Rescue Squad Service Charges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional Services Fees to Prepare a Proof of Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Denial of Access	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Ordinance (Demolition and increased cost of construction; contingent liability from the operation of building laws)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 9. Valuation Clauses

- A. Full Insurable Replacement Value
- B. Actual Cash Value
- C. Law and Ordinance
- D. Demolition and Increased Cost of Construction
- E. Expenses to Protect Insured Property from Imminent Danger. Expenses to Protect Undamaged Property Following a Loss

## 10. Additional Clauses

Are there additional clauses?		
Agreed Amount/Coinsurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debris Removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Defense Expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Errors or Omissions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Commencement of Lawsuit of at Least 36 Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notice of Cancellation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notice of Non-Renewal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Joint Loss Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to Occupy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Timely Claims Payment Requirement	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 11. When Does This Builder's Risk Insurance Policy Terminate?

- A. Policy Expiration or Cancellation
- B. Occupancy (in whole or in part)
- C. When the Building is Put to its Intended Use
- D. Upon Formal Acceptance by the Owner
- E. 30 Days Following Commencement of Testing
- F. Expiration of the Operational Testing Period
- G. 90 Days Following Substantial Completion
- H. When the Interest of the Insured Ceases
- I. When the Project is Abandoned