

**IMPORTANT NOTICE  
REGARDING BUILDERS RISK COVERAGE**

REGARDLESS OF WHO PROVIDES THE BUILDER'S RISK COVERAGE, you MUST notify the Pool, using the "Notice of Construction, Additions, Renovations" Form (BR01), of all buildings under construction and additions or renovations to existing buildings regardless of the project size. This is important in order for the Pool to provide comprehensive coverage to your property. Completed forms should be sent to:

**MASB-SEG Property Casualty Pool  
415 Kalamazoo Street  
Lansing, MI 48933-2079  
Fax: (517) 482-0800**

This notice must be given at least 30 days prior to the start of any construction whether new buildings, additions or renovations. You must also inform the Pool of the completed value upon final inspection, again, so that we can assure that you have proper coverage for your property.

If MASB-SEG is to provide this coverage:

- You must submit, in addition to the form BR01, a "Draw Schedule" indicating the amount and timing of payments to the contractor during the project.
- As a Member of the Pool, you MUST be listed as an additional insured under your contractor's General Liability coverage.
- Your contractor is required to provide you with proof of General Liability coverage (a copy of which you must provide to MASB-SEG) at the following limits:
  - Minimum limit of \$1,000,000 for projects under \$1,000,000.
  - Minimum limits of \$2,000,000 for projects with property values between \$1,000,000 and \$10,000,000.
  - Liability Limits of \$5,000,000 or limits equal to the Member's liability limit, whichever is greater, for projects greater than \$10,000,000
- Your contractor MUST agree to hold you (as Member) harmless and to indemnify you (as Member) for losses from contractor negligence. In that regard, and in addition:

THE WAIVER OF SUBROGATION CLAUSE IN THE AIA CONTRACT (A-201 "General Conditions", ¶ 11.4.7 – 1997 edition), AND/OR ANY OTHER CONTRACT REGARDING THIS PROJECT, MUST BE DELETED. A COPY OF THE INSURANCE SPECIFICATIONS, OR A COMPLETED COPY OF THE CONTRACT, MUST BE PROVIDED TO THE POOL BEFORE COVERAGE WILL BE ISSUED.

- You are encouraged to use the Application Checklist included with this packet to assure that all necessary information has been submitted.

**DISCLAIMER**

**The failure to comply fully with the requirements set forth above could jeopardize your property coverage** on existing structures or may result in substantially higher premiums on your Builders Risk coverage. Full compliance with the above mentioned measures will protect you and the Pool if your project is impacted by an accident or negligence on the part of contractors or others. MASB-SEG Property Casualty Pool reserves the right to deny a claim wherein the Member has intentionally failed to act in good faith to protect its own or the Pool's legitimate interests.

**By signing below I attest that I have read and understand this "Important Notice" and have complied with its requirements.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Member (Insureds) Name

\_\_\_\_\_  
Date

**MASB-SEG PROPERTY CASUALTY POOL  
BUILDER'S RISK COVERAGE  
NOTICE OF CONSTRUCTION, ADDITIONS, RENNOVATIONS**



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**GENERAL INFORMATION**

Effective Date:	Member Name (Applicant):		
Contact/Title:	Address of Project:		
Phone: (     )	City:	Zip:	
Email:	Is Member requesting a quote from MASB-SEG for Builder's Risk Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date quote is needed:    /    /		

**DESCRIPTION OF THE PROJECT**

Name of the Building/Project and Brief Description:

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New Construction   
 Renovation   
 Addition   
 Building Trades Project House\*

Construction of the Building (†see definitions on bottom of page 2):

Frame   
 Joisted Masonry   
 Non-Combustible   
 Masonry Non-Combustible  
 Fire Resistive   
 Modified Fire Resistive

Is this project being built under a contract?  Yes  No    (If Yes, Name) **All contracts must be submitted to MASB-SEG for review regardless of whether MASB-SEG provides the Builder's Risk Coverage.**

# of Stories Above / Below ground level.    Above:     Below:     Slab construction?  Yes  No

Square Footage of New Construction / Renovation / Addition :    New \_\_\_\_\_    Ren. \_\_\_\_\_    Add. \_\_\_\_\_

If Renovation or Addition, what is the age of existing structure? \_\_\_\_\_

Will the building have a boiler when completed?  Yes  No

\*Is this a "Building Trades Education" construction project.  Yes  No  
(A Building Trades Education project is built primarily from within the Member's staff/ students involving minimal external contracts to build a residential dwelling for resale – typically under \$200,000.)

Date construction to begin: \_\_\_\_\_    Estimated completion date: \_\_\_\_\_

Will the applicant occupy the structure after the project is completed?  Yes  No

**CONTRACTOR INFORMATION**

Name of Contractor:	License #:
Has contractor done this type of project before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many years of Experience <input type="text"/>
Will Contractor be providing the Builder's Risk coverage ? <input type="checkbox"/> Yes <input type="checkbox"/> No    or the District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Contractor provided you with a performance bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No" will it be required and will you obtain it before the project begins? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Contractor maintaining General Liability Coverage for the duration of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you listed as an additional insured on the Contractor's General Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Contractor agree to hold you harmless for losses resulting from Contractor's negligence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor's Limit of Liability Coverage for this project:                      Per Occurrence: \$ _____ Annual Aggregate: \$ _____	

**PRIOR CARRIER AND LOSS INFORMATION**

Has the applicant had this coverage with someone other than MASB-SEG before in the last three years?  Yes  No

If the answer to the above is Yes, provide on a separate sheet all Carriers, Coverage Periods, and Policy Numbers for the three year period. Also, include all builder's risk claims for the three year period with Date of Loss, Type/Description of Occurrence or Claim, Amount Paid and Amount Reserved.

During the past three years, has any company ever cancelled, declined, or refused to issue any similar insurance to the applicant?  Yes  No    If Yes, please explain \_\_\_\_\_.

**LOSS PAYABLE INTERESTS**



**MASB-SEG PROPERTY CASUALTY POOL  
BUILDERS RISK COVERAGE APPLICATION  
CHECKLIST**

The following checklist is provided for your convenience, to help you determine if you have submitted the necessary information for MASB-SEG to extend your Builder's Risk Coverage. You may send it in with your application (if you have comments or questions) or not do so as you choose.

<b>Have You ...</b>		<b>Comment</b>
Read the Important Notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Submitted the application at least 30 days prior to beginning the project? (If the application is not submitted timely, MASB-SEG may require that the applicant provide a "No Loss Statement" before coverage can be issued).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Received assurance from your contractor, in writing, to hold you harmless in case of an accident due to their negligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Made sure the waiver of subrogation clause in the AIA Contract (document A-201, paragraph 11.4.7), or any other contract, has been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Received a Certificate of Liability Insurance from your Contractor(s) with the required limits and has a copy been included in your submission to MASB-SEG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been listed as an additional insured under your Contractor's General Liability Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed and signed the Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed the "Important Notice" and returned it with your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Submitted a draw schedule for the project (only required if the project will span more than one policy year (check your Master Policy for effective date)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	