



Risk Management Fund

Request for Master Builder's Risk Coverage

School Information

School Name

Member Number

Street Address

City

Zip code

Website

Contact Information:

Contact Name

Contact Title

Telephone Number

Fax Number

E-Mail Address

1. New Project Name & Physical Address:

2. Project Type

- New Building Construction Renovation to Existing Building
 Addition to Existing Building Other Work (provide brief description)

If Renovation or Other Work is check, please describe:

3. Building Type

- School
- Wing
- Gym
- Stadium
- Out Building
- Physical Plant
- Other

4. Construction Start Date: _____

5. Construction Completion Date: _____

6. Value of the Project (Construction Costs Only): \$ _____

7. General Contractor/Construction Manager Name and Address

8. Construction Type

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

9. Square Footage: _____

10. Wind Storm Tier

- 1 Coastal counties only
- 2 Counties touching a coastal county
- 3 All other counties

11. Public Protection Class

12. Number of Floors

13. Sprinklers to Be Installed

Yes No Unknown

14. Manual Fire Alarm

Yes No Unknown

Supporting Fire District? _____

15. Site Protection

Site to be Fenced Yes No

Site to be Lighted Yes No

On-site Security Yes No

16. Flood Zone: _____

* Please attach Flood Zone Determination Letter (for new construction)

* Please include project cash flow projections (for new construction)

Completed By:

Date:

Please complete and email to jshore@gsba.com