

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
BUILDER'S RISK INSURANCE APPLICATION**

NAME OF CAMPUS / MEDICAL CENTER: _____
GENERAL CONTRACTOR: _____
PROJECT NAME: _____
PROJECT#: _____
PROJECT ADDRESS / DESCRIPTION OF LOCATION: _____
PROJECT DESCRIPTION: _____

TYPE OF PROJECT: (Check all types that apply)
NEW CONSTRUCTION and/or **RENOVATION CONSTRUCTION**
Ground-Up Construction ** _____ Non-Structural Renovation _____
Addition to Existing Building _____ Structural Renovation _____
Installation _____
Infrastructure / Site Utility _____

**** IF CONSTRUCTION OF A NEW STRUCTURE IS INCLUDED IN THIS CONTRACT, PLEASE PROVIDE:**
NEW STRUCTURE'S SQUARE FOOTAGE: _____
NUMBER OF STORIES FOR NEW STRUCTURE: Above grade _____ Below grade _____
(If multiple new structures are being erected, provide information for the additional new structure on Page 2 below)

TOTAL EST. CONSTRUCTION COST*:** Total \$ _____
(***Should include the cost of all construction phases and the cost of all equipment to be installed prior to completion of the project.)

If this project or a portion of this project is renovation work, please provide the following breakdown:

Cost of Non-Structural Renovation: \$ _____
Cost of Structural Renovation: \$ _____

*****If the Total Est. Construction Cost is in excess of \$25M, provide the Construction Schedule, Statement of Values, site security and fire protective plans for this project.**

TYPE OF CONSTRUCTION: _____ Fire Resistive _____ Joisted Masonry _____
_____ Masonry _____ Wood Frame _____

ANTICIPATED DATE OF COMMENCEMENT OF WORK: _____
ANTICIPATED DATE OF COMPLETION OF WORK: _____

IF THE PROJECT IS LEED CERTIFIED, INDICATE CERTIFICATION LEVEL: _____ (Silver, Gold or Platinum)

TYPE OF CONTRACT: _____ (CM at Risk, Design Build, Multiple Prime, JOC)

OPTIONAL COVERAGES: Soft Costs _____ Flood _____
Delay in Completion _____ Non-Certified Terrorism _____
Land Movement _____ Illegal Occupancy _____

Submitted by:
Project Manager: _____ Designee: _____
E-Mail Address: _____
Mailing Address: _____
Phone #: _____

TO BE COMPLETED FOR ANY OTHER **NEW STRUCTURE** INCLUDED IN THIS CONTRACT

NEW STRUCTURE'S SQUARE FOOTAGE: _____

NUMBER OF STORIES FOR NEW STRUCTURE: Above grade _____ Below grade _____

TYPE OF CONSTRUCTION _____ Fire Resistive or Non-Combustible (NC) _____ Joisted Masonry
 _____ Masonry Non-Combustible (NC) _____ Wood Frame