

REQUEST FOR BUILDER'S RISK COVERAGE

1. Building name _____

2. Address _____

3. Type of construction: _____Brick _____Masonry _____Wood Frame
(Choose only one)

Number of stories: _____

4. Detailed description of work/alteration _____

5. Is underground, underpinning or excavation involved? _____

6. Beginning date _____ Est. completion date _____

7. Name & address of contractor (*Please attach Certificate of Insurance*)

8. Project supervisor/manager _____ Phone # _____

Mailing address _____ Signature _____

9. Value of project/building _____
(excluding architect fees & landscaping)

10. Billing code (33-digit) for insurance charges: _____

RETURN COMPLETED FORM TO:

RMAS – Insurance Department

1033 Massachusetts Avenue – Suite 360

Cambridge, MA 02138

Tel: (617) 496-8635 – Fax: (617) 496-0505

