

**MARYLAND ASSOCIATION OF BOARDS OF EDUCATION GROUP INSURANCE POOL**  
**Construction Project Reporting Including**  
**Builders Risk Coverage Information - Form A**

COMPLETE AND SEND TO: **Jim Thompson and Chris Anderson**  
**Insurance Buyers' Council**  
**9720 Greenside Drive, Suite 1E**  
**Cockeysville, MD 21030-5033**  
**TEL 410-666-0500 \* FAX 410-666-6177**  
**E-MAIL [jthompson@consultibc.com](mailto:jthompson@consultibc.com), [canderson@consultibc.com](mailto:canderson@consultibc.com)**

Complete for each construction project at a new location **OR** for each project costing over \$500,000.

1. Project name:
2. Project type (renovation, addition, new stand-alone building):
3. Physical location address:
4. Who is responsible for builders risk coverage? Board or Contractor
5. Date construction is expected to start/desired effective date of coverage:
6. Total project cost:
7. Total of site work, excavation and demolitions costs:
8. Value to be insured (#6 less #7):
9. Total square footage of project:
10. Number of stories:
11. Type of construction (e.g. fire resistive, masonry, non-combustible):
12. Percentage of sprinkler protection planned:
13. Automatic fire detection/alarm planned (describe):  
Central station monitoring planned:
14. Automatic entry detection/alarm planned (describe):  
Central station monitoring planned:
15. Target completion/occupancy date:
16. The general contractor's or construction manager's name and address to be shown on the insurance certificate:

County Board of Education:  
Board contact name:  
Board contact address:  
Board contact phone #:  
Board contact fax #:  
Board contact e-mail address: