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, 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: