



BUILDER'S RISK SUPPLEMENTAL QUESTIONNAIRE

PRODUCER: Name _____
 Mailing Address _____
 City, State, Zip _____
 Contact _____
 Phone No _____
 Fax No. _____
 Email Address _____

INSURED: Name _____
 Mailing Address _____
 City, State, Zip _____
 Contact _____
 Preferred Contact Phone Mobile Email Address _____
 Insured is: Corporation Partnership LLC Other _____
 Insured is: Owner Contractor Other _____

PROJECT DESCRIPTION: Start Date: _____ Term of Construction: _____ Mos
 Project Name: _____
Project Address: _____
Street City County State Zip
Project Type: New Construction – Ground Up
 Remodel – Remodel Interior Finishes/ Replacement of Interior, Fixtures, Cabinets, Flooring
 Remodel / Minor Structural – Remodel of Interior Finishes and Minor Changes to Exterior (Doors, Windows, Exterior Painting & Non-Structural Items HVAC, Plumbing, Electrical)
 Renovation – Complete Renovation – See Following Section for Details
 Restoration/Major Structural – Repair, Replacement or Removal of Load Bearing Walls, Additional Story(ies), Addition of Stairways or Elevators
 Project Started? Yes No If yes, date started _____ % Complete _____ \$ Value Complete _____

LIMITS OF LIABILITY: Hard Costs: _____
 Temporary Storage: _____ Soft Costs: _____
 While in Transit: _____ Total Insured Values: _____
 Site Protection Class _____ (1-9) Fire Department Paid? Volunteer
 Distance to: Nearest Fire Hydrant? _____ Ft. Nearest Fire Station? _____ Miles

PROJECT DETAILS:

No. of Buildings: _____ No. of Units: _____ No. of Stories: _____

Square footage of building(s): _____ Construction Schedule if multiple buildings _____

Estimated Distance Between Buildings: _____ Ft. Provide value breakdown by building.

Attach plot plan illustration

Buildings Transferred to Permanent Insurance as Completed? Yes No

If Yes, what is Maximum Value Under Construction At Any One Time? _____

SITE SECURITY:

Fenced? Yes No Lighted? Yes No

Watchman? Yes No Hours on Duty: _____ to _____ Drive By Schedule: _____

Mortgage Holder or Loss Payee: _____

Name

Street or Mailing Address

City

State

Zip

COVERAGE OPTIONS Please Check All That Apply

Special Perils (Broad Form) Windstorm Theft
 Earth Movement ISO Earthquake Zone: 1 2 3 4 5

Flood FEMA Flood Zone: A B C Z Distance to coast or Water _____ ft _____ mis

If Flood Zone A or V: 100 Year Base Flood Elevation? _____ Ft Elevation of 1st Finished Floor _____ Ft

Occupancy Boiler & Machinery Delay/Loss of Income Testing

Deductible: \$1,000 \$ 2,500 \$5,000 \$10,000

\$25,000 \$50,000 Other _____

CONSTRUCTION TYPE:

Frame: Walls are constructed of wood or other combustible material including when combined with other materials such as brick veneer, stone veneer, word iron-clad or stucco on wood

Joisted Masonry: Walls are constructed of masonry materials such as clay, adobe, brick, gypsum block, hollow concrete block, stone, tile, glass or other similar materials and floor or roof are combustible

Noncombustible Walls, floors and roof are constructed of and supported by metal, gypsum or other non-combustible material

Masonry Noncombustible Walls are constructed of masonry materials as described in Joisted Masonry, but floor and roof are of metal or other non-combustible material

Fire Resistive Walls, floor and roof are constructed of fire resistive materials having a fire resistance rating of not less than two (2) hours

Other, Describe HPR or similar construction

Sprinklered: Yes No

RENOVATION DETAILS:

Year Constructed: _____ Currently Occupied? Yes No

Date Purchased: _____ If not Occupied, how long vacant? _____

Purchase Price: _____ Land Value: _____

Historical Preservation Requirements? Yes No

If yes, please explain: _____

Date of Last Remodel/Renovation:

_____ Electrical _____ Plumbing _____ Roof _____

Other, Describe _____

Will Unit Be Occupied During Renovation? Yes No

What is Intended Occupancy at Completion of Renovation: _____

PROTECTION: Systems Operational During Renovation? Yes No

Automatic Sprinkler System? Yes No Burglar Alarm? Yes No

Are Systems Monitored? Yes No Central Station? Yes No

Has Structure Sustained Damage from Earth Movement, Fire, Windstorm? Yes No

If Yes, please provide details (date, cause, damage estimate: _____

COMPLETE DESCRIPTION of RENOVATIONS:

Any person knowingly and with intent to defraud any insurance company who files an application for insurance with false or misleading information or who conceals, for the purpose of misleading any insurance company or other person as to material facts contained in this application, commits a fraudulent insurance act which is a crime and may subject person to criminal or other penalties of certain municipal jurisdictions and may result in denial of benefits that might otherwise be due under a contract of insurance issued by an insurance company based on representations contained in this application.

Applicant's Signature _____

Date _____

Printed Name of Applicant _____

Title/Position _____

Producer Signature _____

Date _____