

**BUILDER'S RISK SUPPLEMENTAL QUESTIONNAIRE \*Requires completed Acords 125, 126, and 140  
Please send to: Submissions@CIG-LLC.BIZ**

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTACT NAME: (For Inspection) \_\_\_\_\_

**BUILDER'S RISK – PRIOR CONSTRUCTION OR RENOVATION PRE-START SUPPLEMENTAL  
QUESTIONNAIRE PROJECT LOCATION ADDRESS:**

\_\_\_\_\_

(Street or legal address, county, city, state and zip code)

1. Original start date of construction (or renovation): \_\_\_\_\_

2. % of project completed: \_\_\_\_\_

Value of project completed to date: \_\_\_\_\_

Description of project completed to present: \_\_\_\_\_

Estimated time to complete project: \_\_\_\_\_ months \_\_\_\_\_ years

Description of remaining work to complete project: \_\_\_\_\_

3. Prior Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Have there been in claims during the project? (attach loss runs, a no loss certification may be required to bind coverage) \_\_\_\_\_

Policy Term: Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If the company is cancelling or non-renewing, why? \_\_\_\_\_

If no prior coverage placed, why was purchase delayed? \_\_\_\_\_

4. Name of General Contractor: \_\_\_\_\_

Is this a change in contractors? \_\_\_\_\_ no \_\_\_\_\_ yes. If yes, who was previous contractor and why are they being replaced? \_\_\_\_\_

How long has contractor been in business? \_\_\_\_\_ years

Contractor mailing address: \_\_\_\_\_

Contractor phone number: \_\_\_\_\_ Contact: \_\_\_\_\_

\*\*\*This application requires Acords 125, 126, and 140 for full consideration\*\*\*

**BUILDER'S RISK SUPPLEMENTAL  
QUESTIONNAIRE**

Commercial Insurance Group, LLC  
1773 S. 8<sup>th</sup> Street Suite 200  
Colorado Springs CO 80905  
P: 303.900.2960 ext. 8400  
Toll Free: 855.900.2960  
Website: [www.cig-llc.biz](http://www.cig-llc.biz)  
In California: Rocky Mountain Specialty Ins Agency  
License # OH38597

**\*Requires Acords 125, 126, and  
140 Send to: Submissions@CIG-  
LLC.BIZ**

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

<b>INSURED:</b>	Name	_____
	Mailing Address	_____
	City, State, Zip	_____
	Contact	_____
	Preferred Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email Address
Insured is:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>	_____
Insured is:	Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/>	_____

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

<b>LIMITS OF LIABILITY:</b>	Hard Costs: _____
Temporary Storage: _____	Soft Costs: _____
While in Transit: _____	Total Insured Values: _____
Site Protection Class _____ (1-9)	Fire Department <input type="checkbox"/> Paid? <input type="checkbox"/> 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 1<sup>st</sup> 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 \_\_\_\_\_