



Builder's Risk Questionnaire

(Please note this is just a questionnaire for a quote. To bind coverage we will need the fully completed signed accord 125 and 147 applications.)

Insured Name:

Mailing Address:

Phone #:

Location Address:

Effective Date:

1. Length of term: 6 months 9 months 12 months
2. Is this building: Commercial Residential
3. Is this, New Construction: Yes No If yes, provide Building Limit \$ _____
Is this, Remodeling/Renovations: Yes No If yes, provide Limit of Renovations \$ _____
4. Include coverage for existing structure? Yes No If yes, provide Limit of Existing Building \$ _____
5. Will the existing structure be insured by another policy during construction? Yes No
6. Does the building have an operable sprinkler system? Yes No
7. Is the existing structure listed on any historical registry or subject to a historical society regulation? Yes No
8. Has the existing structure been moved or will it be moved as part of this project? Yes No

CONTRACTOR'S INFORMATION

Is the insured the: Contractor Owner Both

Builder Name:

Builder Address:

1. # of years experience:
2. # of structures built/remodeled in the past 12 months:
3. # of structures projected in the next 12 months:
4. Has the builder had a single loss > \$10,000 in the last 3 years? Yes No

PROJECT INFORMATION

1. Has the project been started? Yes No
 - a. If yes, what date was it started?
 - b. What % of the project has been completed?
 - c. If no, what is the anticipated start date?
 2. When will the building be capped (reach the highest point)?
 3. When will the building be fully enclosed?
 4. What % of structure is glass?
 5. Is the glass impact resistant? Yes No
 6. When was the structure purchased?
 7. Is there a sales contract on this structure? Yes No
- Year built: Square footage: Construction:
- Protection Class: # of stories: # of miles to a fire station:
- Intended occupancy:
8. Will the structure be occupied during construction? Yes No
 9. Any previous losses at this location as a result of quake, flood, wind, fire or vandalism? Yes No
 10. If yes please provide details:
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11. Is this a modular home? Yes No
 12. Provide a brief description of the structure to be renovated and condition of the existing structure.

PLEASE FILL OUT IF THIS LOCATION IS IN A PROTECTION CLASS 9 OR 10

1. Name of the responding fire department:
2. Number of miles to the nearest fire station:
3. Is the fire department manned 24 hours a day? Yes No
4. Is this a volunteer fire department? Yes No
5. Distance to the nearest fire hydrant:
6. What is the response time necessary to notify the fire station and get trucks to the site?
7. Number of pumper trucks available:
8. Number of tanker trucks available:

TYPE OF PROJECT (PLEASE CHOOSE ONE):

Remodel - Remodeling of interior finishes; exterior painting; replacement of interior fixtures, cabinets, flooring, etc. No structural changes.

Remodel/Minor Structural - Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.). Roof replacement, ground floor additions and all non-structural changes such as HVAC, plumbing and electrical.

Restructuring - Repair, replace, remove load bearing walls. Adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering.

Describe the type of renovations being done:

Will there be any structural renovations or just minor renovations?

IF RESTRUCTURING, WE WILL NEED THE FOLLOWING:

Have architectural plans been develop for this project? Yes No

Has a licensed engineer reviewed and approved the plans? Yes No Please

provide the name of the engineer or engineering firm that approved the project: