

# **MidAtlantic**

INSURANCE SERVICES

---

## **Builders Risk Questionnaire**

Insured Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location Address: \_\_\_\_\_

Length of term:       6 months       9 months       12 months       \_\_\_\_\_ months

Is this a commercial building or residential? \_\_\_\_\_

Is this new construction or remodeling/renovation? \_\_\_\_\_

Amount of renovations/improvements: \_\_\_\_\_

Would you like the existing structure included? \_\_\_\_\_

What is the current value of the building? \_\_\_\_\_

### **CONTRACTORS INFORMATION**

---

Is the insured the contractor, owner, or both? \_\_\_\_\_

Does the builder need to be listed as additional named insured? \_\_\_\_\_

Number of years experience: \_\_\_\_\_

Number of structures built/remodeled in the past 12 months? \_\_\_\_\_

Number of structures projected in the next 12 months? \_\_\_\_\_

Has the builder had a single loss greater than \$10,000 in the last 3 years? \_\_\_\_\_

**PROJECT INFORMATION**

---

Has the project been started? \_\_\_\_\_

If yes, what date was it started? \_\_\_\_\_

If no, what is the anticipated start date? \_\_\_\_\_

When will the building be capped (reach the highest point)? \_\_\_\_\_

When will the building be fully enclosed? \_\_\_\_\_

What percentage of the structure is glass? \_\_\_\_\_

When was the structure purchased? \_\_\_\_\_

Year built: \_\_\_\_\_ Square footage: \_\_\_\_\_ Construction: \_\_\_\_\_

Describe the type of renovations being done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will there be any structural renovations or just minor renovations? \_\_\_\_\_

\_\_\_\_\_

*Please note this is just a questionnaire for a quote. We need completed Acord 125 and 147 applications to bind coverage.*