

# Builder's Risk Questionnaire

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

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

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

Phone # \_\_\_\_\_ Effective Date \_\_\_\_\_

Location address \_\_\_\_\_

Length of term – 6 months    9 months    12 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? \_\_\_\_\_

## **Contractor's Information**

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

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

\_\_\_\_\_

# of years experience \_\_\_\_\_

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

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

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

## **Project Information**

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

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

What % of the project has been completed? \_\_\_\_\_

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? \_\_\_\_\_

% of structure is glass \_\_\_\_\_

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

Is there a sales contract on this structure? \_\_\_\_\_

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

Protection Class \_\_\_\_\_ # of stories \_\_\_\_\_ # of miles to a fire station \_\_\_\_\_

Intended occupancy \_\_\_\_\_

Will the structure be occupied during construction? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_