

## Builder's Risk Questionnaire

Date: \_\_\_\_\_

Property Owner \_\_\_\_\_

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

Property Address \_\_\_\_\_

Form of business: Individual \_\_\_ Partnership \_\_\_  
Corporation \_\_\_ Joint Venture \_\_\_  
Other: \_\_\_\_\_

Type of Policy: New Construction \_\_\_ Remodel \_\_\_  
\* If remodel, complete *Renovation Information* section  
\_\_\_\_\_

Description of Construction: \_\_\_\_\_  
\_\_\_\_\_

Value of Existing Structure \_\_\_\_\_ Existing Sq. Footage \_\_\_\_\_  
Value of Completed Structure \_\_\_\_\_ Completed Square Ft. \_\_\_\_\_

Construction Material: Frame \_\_\_ Joisted Masonry \_\_\_  
Masonry Non-Combustible \_\_\_ Non-Combustible \_\_\_

Expected Start Date \_\_\_\_\_ Estimated length of project \_\_\_\_\_

Has the Project Started? Yes \_\_\_ No \_\_\_

If Yes, date started \_\_\_\_\_

Percent Complete \_\_\_\_\_

Is existing structure coverage desired? Yes \_\_\_ No \_\_\_  
Any coverage for development/subdivision fences, Yes \_\_\_ No \_\_\_

walls or signs? If yes, enter coverage amount \_\_\_\_\_

Do you have any Additional Insureds? Yes \_\_\_ No \_\_\_

Is the Builders name different than Yes \_\_\_ No \_\_\_  
the Insured's Name?

If Yes, provide builder's name \_\_\_\_\_

Is this structure modular? Yes \_\_\_ No \_\_\_

Is the location apartments, condominiums or ? Yes \_\_\_ No \_\_\_  
or multi-unit structure(s) ?

**Mortgagee/Loss Payee:**

Lender Name \_\_\_\_\_

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

**Builder/General Contractor Questionnaire:**

General Contractor \_\_\_\_\_

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

Does the Builder/Remodeler have at least two (2) years experience?

\_\_\_ Yes \_\_\_ No

Business Description: Homebuilder \_\_\_\_\_ General Contractor \_\_\_\_\_ Remodeler \_\_\_\_\_

If remodeler, any foundation, structural changes or movement of load bearing walls?

\_\_\_ Yes \_\_\_ No

Is the contractor insuring any other buildings within 100 ft of this structure?

\_\_\_ Yes \_\_\_ No

Number of structures built/remodeled during the past 12 months

\_\_\_ 1-2 \_\_\_ 3 - 50  
\_\_\_ Other

Number of structures projected for the next 12 months

\_\_\_ 1-2 \_\_\_ 3 - 50  
\_\_\_ Other

Loss Experience for the past three (3) years: None \_\_\_

Indicated cause of loss for any claim over \$5,000 \_\_\_\_\_

**Renovation Information:**

Age of Dwelling \_\_\_\_\_

Is structure considered historical? \_\_\_ Yes \_\_\_ No

Is remodeling work on the existing structure to begin within 60 days of the policy effective date? \_\_\_ Yes \_\_\_ No

When was the heating system last updated? \_\_\_\_\_

When was the electrical system last updated? \_\_\_\_\_

Purchase price of shell \$ \_\_\_\_\_

Amount of renovation/improvements \$ \_\_\_\_\_

Is profit included in renovation/improvements amount? \_\_\_ Yes \_\_\_ No