



Builders Risk Questionnaire

1. Effective Date: ____ / ____ / ____
2. Named Insured: _____
3. Mailing Address: _____
4. Phone Number: (____) _____ - _____
5. Year Business Started: _____
6. Any additional interests (mortgagee or loss payee):
 - a. Name: _____
 - b. Address: _____
7. Location Address: _____
8. Construction Type:

<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry Noncombustible
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Modified Fire Resistive
<input type="checkbox"/> Light Noncombustible	<input type="checkbox"/> Fire Resistive
9. Year Built: _____
10. Number of Stories: _____
11. Square Footage: _____
12. Total Completed Value (skip if not new construction): \$ _____
13. Cost of Renovations (skip if not remodeling risk): \$ _____
14. Description of Project: _____
15. Distance to nearest fire hydrant: ____ ft.
16. Distance to nearest fire department: ____ miles
17. Interest of insured: Contractor Owner/Occupant
18. Contract agreement on project: Yes No
19. Years of experience does the contractor have? _____
20. Name of Contractor: _____
21. Address of Contractor: _____
22. Date project to start: ____ / ____ / ____
23. Date project to end: ____ / ____ / ____