



BUILDERS RISK QUESTIONNAIRE

Insured Name _____

Insured Address _____

Insured City _____ . State _____ Zip _____

Type of Construction Residential or Commercial

Construction Material Frame, Non Combustible, Joisted Masonry, Other: _____

Protection Class 1-8 9/10

Policy Period _____

Has the project started? Yes No

If yes, date started:

Percent complete: _____

Additional Insured #1 _____

Additional Insured address #1 _____

Additional Insured #2 _____

Additional Insured Address #2 _____

Notes ó Loan # _____

Property address line 1 _____

Property address line 2 _____

Property City _____ State _____ Zip _____

Value of all covered Property at all locations \$ _____

Type of policy One-Shot New Construction Remodel Reporting Form

Is existing structure coverage desired Yes No

Is the builder's name different than the named insured Yes No

If yes, please enter Builder's Name _____

If yes, would you like to add builder as additional named insured? Yes No

Deductible \$_____

Is the structure modular? Yes No

If yes, underwriting approval required and modular question will be asked.

Is the location apartments, condominiums or multi unit structure(s) Yes No

If yes, apartment occupancy questions will be asked.

Estimated length of project _____

Form of Business: Individual Partnership Corporation Joint Venture

Any one structure value \$_____

Property temporarily at any other premises \$_____

Property in Transit \$_____

All covered property at all locations \$_____

Any coverage for development subdivision fences, walls or signs? Yes No

If yes, enter in amount \$_____

Does builder/remodeler have at least two years experience Yes No

If no, underwriter approval required

Business Description Home Builder Remodeler Commercial General

If remodeler, any foundation, structural changes or movement of load bearing walls? Yes No

If yes, underwriter approval required

Is the contractor insuring more than one building being constructed within 100 feet from each other at this project site: Yes No

If yes, please provide total estimated completed value of all structures under construction within 100 feet and insured with Zurich, including this one:

If more than \$5,000,000, refer to underwriting

Number of structures built/remodeled during the past 12 months? 1-2 _____ 3-50 _____ Other _____

If other, indicate number _____

Number of structures projected for the next 12 months 1-2 _____ 3-50 _____ Other _____

If other, indicate number _____

Loss Experience for last three years? Indicate cause of loss for any claim over \$5,000.

Type of security to be provided _____

Multiple unit/multiple building questions (i.e. apartments, condos & multi – unit commercial

Number of buildings _____

Number of units per building _____

Value per building \$ _____

Distance between buildings \$ _____

Total project completed value \$ _____

Start and completion date of each building? Enter both dates ó Start: Finish:

Remodeling

Enter Age of Dwelling _____ If more than 75 years, underwriter approval required

Is the existing structure considered historical? Yes No

Is the remodeling work on the existing structure to begin within 60 days of the effective date? Yes No
If no, underwriter approval required

When was the heating system last updated? _____

When was the electrical system last updated? _____

Purchase Price of Shell \$ _____ May not exceed actual cash value

Amount of renovation/improvements \$ _____ If less than 50% of purchase price,
underwriter approval required

Is profit included in renovation /improvements amount Yes No

Mortgagee name _____

Mortgagee address _____

City _____ State _____ Zip _____

Type of special instructions _____