



Builders Risk Questionnaire

Applicant(s): _____

Project Information

1. Type of project? New construction
 Renovation

2. Description of project:

3. Value of existing structure(s): \$ _____

4. Estimated completed value: \$ _____ (existing value + cost of project)

5. Start date: _____ / _____ / _____ (MM/DD/YY)

6. Estimated completion date: _____ / _____ / _____ (MM/DD/YY)

7. Percentage already completed: _____ %

Contractor Information

8. Name of General Contractor (GC): _____

9. Is the General Contractor licensed? Yes No

10. Were all building permits obtained? Yes No

11. Does the General Contractor carry insurance? Yes No

If yes, please state limits: \$ _____

12. Is the General Contractor hiring sub-contractors? Yes No

13. Are all sub-contractors licensed? Yes No

14. Are all sub-contractors required to submit evidence of insurance? Yes No

15. Are any waivers of rights in place between the insured and General Contractor? Yes No

16. Is the insured(s) project the only active project for the General Contractor? Yes No

If no, please list other projects: _____



Security Information

14. Describe any security features (e.g. lighting, 24hr guards, locked structures, fire extinguishers, etc.):

Applicant(s) signature: _____

Date: _____