

# PARTNERS GENERAL INSURANCE AGENCY

## BUILDERS RISK SUPPLEMENTAL QUESTIONNAIRE

Applicant Instructions: **Answer all questions. If the answer to any question is NONE, please state NONE. Questionnaire must be signed and dated by owner, partner or officer. PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.**

1. Applicant: \_\_\_\_\_  
Business Address: \_\_\_\_\_
2. Applicant's interest:  Owner  General Contractor  Subcontractor  Other \_\_\_\_\_
3. Years in this business: \_\_\_\_\_ Bonded for this project?  Yes  No Name of bonding company: \_\_\_\_\_  
Experience in similar projects: \_\_\_\_\_
4. Location Address of project: \_\_\_\_\_  
Description of project (size, type, use, other details): \_\_\_\_\_  
\_\_\_\_\_
5.  New construction  Addition  Structural remodel  Non-structural remodel  Other (explain) \_\_\_\_\_  
\_\_\_\_\_
- If this is a remodeling job, describe existing structure \_\_\_\_\_  
\_\_\_\_\_
6. Describe adjacent exposures \_\_\_\_\_  
\_\_\_\_\_
7. Estimate construction period (months) \_\_\_\_\_ Project start date \_\_\_\_\_
8. a. Total project value \$ \_\_\_\_\_ b. Hard costs (labor, materials, subcontractors) \$ \_\_\_\_\_  
c. Soft costs (land costs, financing, architects, soil testing, legal) \$ \_\_\_\_\_
9. **LIMITS OF INSURANCE REQUESTED**
  - a. \$ \_\_\_\_\_ Value of existing structures (if remodeling job)
  - b. \$ \_\_\_\_\_ At the job site
  - c. \$ \_\_\_\_\_ In temporary storage at any location other than the job site
  - d. \$ \_\_\_\_\_ While in transit % By common/contract carrier \_\_\_\_\_  
% By applicant's vehicles \_\_\_\_\_  
Distance traveled \_\_\_\_\_
  - e. \$ \_\_\_\_\_ For all covered property
10. Intended occupancy when completed \_\_\_\_\_
11. Name and address of General Contractor: \_\_\_\_\_  
Contractor's license number \_\_\_\_\_  
GL Carrier & limits \_\_\_\_\_

12. Inspection contact name and phone number \_\_\_\_\_

13. Construction

a. Stories above grade \_\_\_\_\_ Feet above grade \_\_\_\_\_

b. Stories below grade \_\_\_\_\_ Feet below grade \_\_\_\_\_ c. Total area (sq. ft.) \_\_\_\_\_

d. Construction  Frame  Joisted masonry  Poured concrete  Masonry noncombustible

Noncombustible  Other \_\_\_\_\_

e. Foundation description: \_\_\_\_\_

f. Roof description: \_\_\_\_\_

g. Comment on any unique forms of construction to be employed \_\_\_\_\_

\_\_\_\_\_

14. Protection

a. Distance to operating fire hydrant \_\_\_\_\_ b. Public Fire Protection Class at job site \_\_\_\_\_

c. Distance to Fire Department \_\_\_\_\_ d. Fire Department  Paid  Volunteer

e. Project to be equipped with working standpipes?  Yes  No f. Number of fire extinguishers at job site \_\_\_\_\_

g. Will the job site be: Fenced?  Yes  No Locked?  Yes  No Lighted?  Yes  No

h. Will a watchman be on premises during non-working hours?  Yes  No

15. Additional Interests

a. Mortgage name and address \_\_\_\_\_

b. Loss Payable Interests \_\_\_\_\_

**IMPORTANT: ATTACH COPY OF GENERAL CONTRACT FOR THIS PROJECT.**

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: \_\_\_\_\_

Title (Owner, Officer, Partner) \_\_\_\_\_

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

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.