# Supplemental Builder's Risk Questionnaire

## 1. Basic Information:

**a. Named Insured:** _____

**b. Owner** (if different than Named Insured)**:** _____

**c. Contractor:** _____

Is the Contractor licensed? ☐Yes ☐ No

## 2. Type of Construction:

**Is the type of construction?** ☐ **New Construction** or ☐ **Repair of a Damaged Building**

**a.** Type/Use of each Structure (if Repair, include Age of the Structure, type of Repair and Percentage of building being Repaired):

**b.** Type of foundation for each Structure:

**c.** Construction Material for the building:

1. Exterior Walls _____
2. Roof _____
3. Floors _____
4. Building Height - Feet _____; No. floors _____; Total Sq. Ft. _____

**d.** Any Salvaged Material Used: ☐Yes ☐ No If Yes, provide the following responses:

- Type of Salvaged Material Used:
- Percent of Structure is Salvaged Material _____

**e.** Has construction started: ☐Yes ☐ No

- If Yes, percent completed _____ Anticipated Finish Date _____
- If No, Anticipated Start Date _____ Anticipated Finish Date _____

**f.** Completed Coverage Amount/Value $_____

If Repair, what is the value of the repairs being made $_____

## 3. Security of Construction Materials:

**a.** Are construction materials stored off premise of construction site: ☐Yes ☐ No

If yes, Location _____ Distance from construction site _____

**b.** Protection of Materials:

1. Watchman, if so describe _____
2. Fenced _____ percentage
3. TV monitor ☐ Yes ☐ No
4. Lock and key ☐ Yes ☐ No
5. Alarm ☐ Yes ☐ No
6. Fire extinguishers located on the construction site? ☐Yes ☐ No

## 4. Any additional comments -

_____

_____

**Photographs are Required** (Please attach to this questionnaire)

**I hereby declare that I have read the above questions and that the responses to those questions are accurate.**

Insured's Signature _____ Date: _____

Agent's Signature _____ Date: _____