

QUESTIONNAIRE – BUILDER’S RISK

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

PROPERTY COVERAGE DETAILS

1. Location of Structure: _____
2. Mortgagee: _____
 Name _____ Address _____
3. Causes of Loss: Broad Special Form (not available on renovations)
4. Deductible: \$500 \$1,000 Other: _____
5. Protection Class: _____
6. Number of Stories: _____ Area (Sq. Ft.) of building: _____
7. Construction: Frame Joisted Masonry Masonry Non-combustible Other : _____
8. Building use: Residential Mfg./Industrial Retail/Comm'l Storage Other: _____
9. Indicate limits for improvements/repairs (renovations) or new construction. Limits for the existing structure and improvements must add up to 100% of the completed value for renovations.

Renovation (Building, equipment & supplies)		New Construction (Building, equipment & supplies)		
Existing Structure	\$ _____		Covered Property:	\$ _____
Improvements	\$ _____			

UNDERWRITING INFORMATION

1. Describe the work to be performed: _____

2. What date is construction planned: Begin: _____ End: _____
3. Will any portion of the structure be occupied prior to completion of the project? Yes No
 If yes, describe occupancy: _____
4. Describe how the premises and any off-site storage is protected from theft, vandalism, or illegal entry: _____

5. Neighborhood type: Residential Mfg./Industrial Retail/Comm'l Rural Other: _____
6. Are vagrants known to have occupied this structure in the past? Yes No
7. Does the job involve any of the following:
 - Demolition of the structure? Yes No

- Structural alterations? Yes No
- Extensive gutting? Yes No
- Modular units or mobile homes? Yes No
- Excavation other than for foundations? Yes No
- Unique or experimental design? Yes No
- Renovation after fire / vandalism? Yes No
- Lead, asbestos, or other pollutant removal? Yes No

Please explain all "yes" answers: _____

8. General contractor's years of experience on similar projects: Less than 1 1-5 years 5+

9. Is the insured the:

- Building Owner **not** acting as a General Contractor? Yes No
- Building Owner acting as a General Contractor? Yes No
- General Contractor who does not own the building? Yes No

10. If you are the building owner:

- Number of other properties you own? _____
- Name of General Contractor? _____
- Amount paid for structure? _____
- Do you have any experience investing in real estate? Yes No
- If yes, describe: _____
- Do you subcontract work to others? Yes No

If yes, answer the following questions:

- (1) Type of work: _____
- (2) Cost of subcontractor's/contract labor: \$ _____
- (3) Are all subcontractors required to carry insurance? Yes No
- If yes, indicate:
- (a) Comprehensive General Liability Limit: \$ _____
- (b) Are you named as an additional insured? Yes No
- (c) Are certificates of insurance required from subcontractors? Yes No

11. Any history of bankruptcy?

- If yes, give details on a separate page. Yes No

12. Are any mortgage payments (building or contents) over 3 months past due? Yes No

13. Are there any tax liens against the property? Yes No

14. Has anyone with a financial interest in this structure been convicted of, or indicted for, any degree of arson, fraud, or other crime related to loss on property owned now or during the last 5 years? Yes No

15. Is there any other insurance in force or to be secured on this property? Yes No

Policy #	Status	Date	Amount of Ins.	Carrier



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address